Patient label/Details	
Name	MRN Number

NHS Buckinghamshire Healthcare NHS Trust

INFECTION/RESPIRATORY SCREENING QUESTIONS ADULTS

IF THE PATIENT ANSWERS YES TO ANY QUESTION, GIVE CAREFUL CONSIDERATION TO PATIENT PLACEMENT

Vaccinations	**Are you Fully vaccinated (i.e. ≥ 2 doses)**	Yes	No
Contact/ Exposure Risk	**Have you had a confirmed COVID-19 infection in the last 10 days ?**	Yes	No
	Have you had a confirmed respiratory virus/infection such as Flu in the last 10 days?	Yes	No
	Have you ever had a confirmed infection of COVID-19? **Date of positive sample __________________** *If within 90-day Immunocompetent patients who have tested positive within the previous 90 days, and remain asymptomatic, do not need to be re-tested*	Yes	No
	Do any of your household members have a confirmed COVID-19 infection?	Yes	No
	Are you or any member of your household/family waiting for a COVID-19 test result?	Yes	No
	Have you been in contact with someone with COVID-19, or been notified by the COVID app that you should be in quarantine, or been in isolation with a suspected case in the past 10 days?	Yes	No
Symptoms	**Do you have any of the following symptoms?** • High temperature or fever? Means you feel hot to touch on your chest or back (temperature measurement not needed) • New, continuous cough? Means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) • A loss or alteration to taste or smell?	Yes	No
	Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? • Blocked or runny nose • Sore throat • Sneezing • shortness of breath • feeling tired or exhausted • an aching body • a headache • loss of appetite	Yes	No
	Do you have other symptoms of an infection e.g. Unexplained rash?	Yes	No
Immune Status	**Do you have any underlying conditions listed which increase your risk of developing severe COVID-19 infection?** *(e.g. cancer, organ transplant, renal dialysis, liver cirrhosis, etc.)*	Yes	No
	Have you received notification confirming that you are clinically vulnerable and eligible for additional Covid-19 vaccines and access to new NHS Covid-19 treatments?	Yes	No