

COVID-19 QUESTIONNAIRE



As you are no doubt aware, because of COVID-19, hospitals and clinics are required to have processes to minimise the risk of viral spread.

PLEASE REVIEW THE FOLLOWING QUESTIONS AND CONTACT THE SECRETARY BEFORE ATTENDING CLINIC IF YOU ANSWER "YES" TO ANY OF THEM:

1. Have you had any of the following symptoms either within the past two weeks or of recent onset?

- | | |
|--|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Difficulty in breathing |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sudden loss of smell or taste |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Sudden loss of energy |

2. Have you had any contact with a confirmed case of COVID-19 within the past 2 weeks?

- YES NO

3. Have you had a positive test for COVID-19 within the past 2 weeks?

- YES NO

4. Have you attended a healthcare facility or where patients with COVID-19 were being treated?

- YES NO

5. Has any member of your household had a swab or awaiting results of a swab?

- YES NO

6. Are you or any of your household currently self-isolating?

- YES NO

7. Have you been out of the country within the past two weeks?

- YES NO

