



## CLIENT / VISITOR COVID-19 SCREENING QUESTIONNAIRE V2

The safety of our clients is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from HM Govt and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to returning to office working. Please submit your responses to your line manager for review by the Board of Directors.

While in our premises, we ask you to exercise safe social distancing guidelines, avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands as often as possible and where possible use hand sanitizer.

**Please respond to each of the following questions truthfully and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and our other clients. .

<b>Reason for Appointment/Visit:</b>	
<b>Proposed Date of Visit</b> ...../...../.....	
<b>Name:</b>	
<b>Phone Number (mobile/home):</b>	
<b>Address:</b>	
<b>Representations</b>	
1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (<i>Please take your temperature before you answer this question.</i>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your GP'S assessment or your symptoms?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
6	<p>Do you confirm that you have followed the advice that you were given by the relevant authorities?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
7	<p>Do you confirm that you are fit and well to attend this activity</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
8	<p>Are you classed as an extremely Vulnerable Person ( High Risk) ?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>If you are classed as extremely vulnerable and require(d) shielding, you will have received a letter from the NHS explaining this. Defer All Non Essential Activity until the Government Indicates that it is safe for you to leave home or have visitors providing non essential care.</i></p>
9	<p>Are you classed as a Vulnerable Person (Moderate Risk)?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>Unlike people at High Risk those who are classed as clinically vulnerable will not have received a letter from the NHS. If you are unsure if you are clinically vulnerable, please refer to the NHS website at <a href="http://www.nhs.uk">www.nhs.uk</a>. . If you meet the definition of someone who is clinically vulnerable, please discuss this further with the Ely Centre and seek consent from your GP, Consultant ,Midwife before engaging on this activity.</i></p>
10	<p>Is there any other relevant information e.g. an underlying health condition, shielding family member, pregnancy, currently receiving treatment which the Ely Centre should be made aware off before making their decision for participation?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
	<p>If (Yes) Please summaries the details here:</p>
	<p>Please check your temperature on the morning of your proposed visit/appointment to the Ely Centre. If it is higher than usual, or if you have any other symptoms, please contact the Ely Centre to defer/ rearrange your appointment.</p>

**Certification**

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Access to Appointment/ Activity (s)

(circle one):

Approved

Denied

**Employee ( Staff /Sessional) Signature**

-----

**Date**

-----/-----/-----