



## COVID-19 SCREENING QUESTIONNAIRE

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SCREENING QUESTION	YES	NO
Have you tested positive for Covid-19 in the last 7 days?		
Are you waiting for a Covid-19 test or the results?		
Do you have any of the following symptoms: <ul data-bbox="140 1041 1085 1288" style="list-style-type: none"><li>• New continuous cough (this means coughing for longer than an hour, or 3 or more coughing episodes in 24 hours)</li><li>• High temperature or fever</li><li>• Loss of or change in smell or taste</li></ul>		
Do you live with someone who has either tested positive for Covid-19 or has had symptoms of Covid-19 in the last 14 days?		
During the last 14 days have you been notified by NHS Test and Trace that you are a contact with someone who has tested positive for Covid-19 (and you don't live with that person)		

**SIGNATURE:**

**DATE:**