

## COVID19 check list

Complete this checklist every time you visit the hospital, whether for an assessment, test or on the day of your procedure.

If you answer **YES** to any of the questions then please **stay at home** and contact the hospital to rearrange the appointment.

If you answer **NO** to all the questions then please attend your appointment as planned.

**If you are shielding, make sure you let the clinic or department know.**

Today or in the last 14 days...



Do you have/have you had a fever (>37.8degrees C)?

**Yes**

**No**



Do you have/have you had any of the following symptoms: cough, sore throat, loss of smell or taste, aches and pains, flu-like symptoms, diarrhoea?

**Yes**

**No**



Have you tested positive for COVID19?

**Yes**

**No**



Have you been contacted by the NHS test and trace service and asked to self-isolate?

**Yes**

**No**



Has anyone in your household or your close contacts had (or does anyone currently have): fever, cough, sore throat, loss of smell or taste, aches and pains, flu-like symptoms, diarrhoea?

**Yes**

**No**



Has anyone in your household or your close contacts tested positive for COVID19?

**Yes**

**No**



Has anyone in your household or your close contacts been contacted by the NHS test and trace service and asked to self-isolate?

**Yes**

**No**



Make sure you have completed your self-isolation period? (see page 4 for details).