Imperial College Healthcare NHS Trust

Covid-19 checklist

	Yes	No
Have you tested positive for Covid-19 at all?		
If yes, was your positive test: within the last 14 days?		
within the last 90 days?		
more than 90 days ago?		
In the last 14 days:		
Has anyone in your household been unwell with any of the following symptoms: • a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours • a loss or change to your sense of smell or taste • shortness of breath • feeling tired or exhausted • an aching body • a headache • a sore throat • a blocked or runny nose • loss of appetite • diarrhoea • feeling sick or being sick Has anyone in your household tested positive for Covid-19?		
In the last 5 days:		
Have you had a high temperature greater than 37.8 degrees?		
Have you had any of the following symptoms: • a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours • a loss or change to your sense of smell or taste • shortness of breath • feeling tired or exhausted • an aching body • a headache • a sore throat • a blocked or runny nose • loss of appetite • diarrhoea • feeling sick or being sick Have you had any other illness?		
On the day of your procedure or surgery		
Do you feel well today?		
Do you have any new symptoms?		