

# Patient screening tool for COVID-19 for use in health and care settings (winter 2021 to 2022)

Screening questions should be carried out prior to arrival for example by telephone, at a care area or as soon as possible on arrival

Question	Yes	No
1. Do you have any of the following symptoms: <ul style="list-style-type: none"> <li>• high temperature or fever?</li> <li>• new, continuous cough?</li> <li>• a loss or alteration to taste or smell?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you or any member of your household/family had a confirmed diagnosis of COVID-19 in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you or any member of your household/family waiting for a COVID-19/SARS-CoV-2 PCR test result?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you travelled internationally in the last 10 days to a country that is on the <b>government red list</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or any member of your household/family been advised to isolate by any NHS organisation in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of the above questions, apply Transmission-based precautions or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.

SIGNED & NAME: \_\_\_\_\_

DATE: \_\_\_\_\_