

Health Screening: Covid-19 Consent form

Temperature check: _____ SMN: _____

Please complete this assessment Covid-19 Screening information

- In the last 14 days, have you had any of the following classical symptoms of Covid-19?
 - A fever of more than 37.5°C (feeling hot to touch on your chest and back) - Yes, No
 - A new persistent cough (coughing a lot for more than an hour or 3 or more coughing episodes in 24 hours or a worsening of a pre-existing cough) - Yes, No
 - Myalgia (Muscle aches on your limbs) - Yes, No
 - Difficulty in Breathing - Yes, No
 - Loss of Sense of Taste - Yes, No
 - Loss of Sense of smell - Yes, No
- In the last 14 days, have you had any of the following New gastrointestinal symptoms?
 - Nausea (vomiting) - Yes, No
 - Diarrhoea - Yes, No
- In the last 14 days, have you had any of the following atypical symptoms (elderly patients)?
 - Confusion - Yes, No
 - Reduced mobility - Yes, No
- In the last 14 days, have you been in contact with anyone who has been diagnosed with Covid19 or has coronavirus-type symptoms? Yes, No
- In the last 14 days, have you travelled and returned from a known high risk Covid area?
Yes, where? _____ No
- Have you been told to stay at home, self-isolate or self-Quarantine? Yes, No
- Do you or anyone that you live with fall into the “clinical vulnerable” or “clinical extremely vulnerable”* categories as defined page 2 below? Yes, precise _____ No

Consent for the treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner. I confirm that I am over 18 years old.

To support the NHS test and trace in England, we are required by law to collect and keep the record of the patients and visitors for the purpose of contact tracing. We will only share information with NHS test and trace if it is specially requested by them, for example, if another patient or visitor to us reported symptoms and subsequently tested positive. Consenting to this treatment with us means you are also agreeing to this.

| <i>I am the</i> | Patient | Practitioner |
|-----------------|----------------|---------------------|
| <i>Name</i> | | Audrey MARIE |
| <i>Signed</i> | | |
| <i>Date</i> | | |

People at High Risk (clinically extremely vulnerable)*

Please select Yes if any of the following apply to you: Yes, No

- Had an organ transplant
- Having chemotherapy or antibody treatment for cancer, including immunotherapy
- Having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- Had a bone marrow or stem cell transplant in the past 6 months, or still taking immune suppressant medicine
- Told by the doctor that you have severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- Have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
- Taking medicine that makes you much more likely to get infections (such as high doses of steroids)
- Pregnant and have a serious heart condition

* If you select Yes, after reading the list above, the practitioner should explain that you are classed as clinically extremely vulnerable and the government advise that you exercise 'shielding'. For your protection, you should stay at home at all times and avoid face-to-face contact with anyone outside your own household.

People at Moderate Risk (clinically vulnerable)*

Please select Yes if any of the following apply to you: Yes, No

- 70 or older
- pregnant
- Have a lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis)
- Have heart disease (such as heart failure)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a condition affecting the brain or nerves (such as Parkinson's disease, motor neuron disease, multiple sclerosis or cerebral palsy)
- Have a condition that means you have a high risk of getting infections diseases
- Taking medicine that can affect the immune system (such as low doses of steroids)
- Very obese (BMI of 40 or above)

* If you select Yes, after reading this list, you are at moderate risk from coronavirus and it is very important you follow the advice on social distancing.