

## Appendix 12: Sample screening and consent form

# Health information: Covid-19 consent form

Please note: This form is an example only – an official version will be available soon

Name  
(please print)

Date

### Covid-19 screening information

- |  |                       |                       |
|--|-----------------------|-----------------------|
| <b>1</b> Have you had a fever in the last 7 days?<br>(feeling hot to touch on your chest and back)   | <b>Y</b>              | <b>N</b>              |
|  | <input type="radio"/> | <input type="radio"/> |
| <b>2</b> Do you now, or have you recently had, a persistent dry cough?<br>(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough) | <b>Y</b>              | <b>N</b>              |
|  | <input type="radio"/> | <input type="radio"/> |
| <b>3</b> Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms?   | <b>Y</b>              | <b>N</b>              |
|  | <input type="radio"/> | <input type="radio"/> |
| <b>4</b> Have you been told to stay home, self-isolate or self-quarantine?   | <b>Y</b>              | <b>N</b>              |
|  | <input type="radio"/> | <input type="radio"/> |
| <b>5</b> Do you have any other symptoms that may mean you have a Covid-19 infection? (loss of taste and smell, unusual fatigue or shortness of breath)   | <b>Y</b>              | <b>N</b>              |
|  | <input type="radio"/> | <input type="radio"/> |

### Consent for 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 am the	<b>Patient</b> <input type="radio"/>	<b>*Parent/Guardian/Carer</b> <input type="radio"/>	<b>Practitioner</b> <input type="radio"/>
Name	<input type="text"/>		
Signed	<input type="text"/>		
Date	<input type="text"/>		

**\*If you are signing on behalf of the patient, or if the patient is a minor, please state your relationship with the patient below:**

I am the patient's