

COVID 19 Medical questionnaire

Do you have a new or continuous cough?

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Do you have a high temperature or fever?

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Have you experienced any loss in your normal sense of taste or smell?

Have you been in contact with anyone known to have a positive COVID 19 test, have recognised symptoms or who is self-isolating inside or outside of their household?

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Have you been contacted by the NHS test & trace service and told to self- isolate? If yes when was this?

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Have you already been tested for COVID 19? If yes when and what was the result?

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Have you returned from travelling in the last 14 days?

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I declare that I have answered all the above questioned correctly and honestly

Sign.....

Name