

COVID SCREENING QUESTIONS

	YES	NO
In the past 14 days have you been in close contact with or cared for someone with COVID-19 or suspected of having COVID -19		
In the past 24 hours have you experienced any of the following symptoms, cough, shortness of breath, sore throat, temperature		
Are you shielding anyone?		
Have you or a member of your household returned from overseas in the past two weeks		
Are you following the UK Government mandated Lockdown policies		
Do you have any other significant medical history placing you in a vulnerable person category? e.g. Diabetes or high blood pressure		
Please confirm that you are under the age of 70		
Temperature recorded as normal		

Please remember to bring your face mask and a towel to your appointment

The above statements are true to the best of my knowledge and I agree to follow the Covid-19 secure procedures in place at the practice

Please sign below and bring to your appointment or return by email.

Patient..... Physiotherapist.....

