

COVID-19 Screening

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You **MUST** complete this form **the day before** your appointment and **bring it with you** to your appointment. If this is not done then we may not be able to offer you the appointment.

Currently, or in the last 10 days, have you experienced any of the following symptoms:

- Fever (temperature higher than 37.8°C)
- New or worsening persistent cough
- New or worsening shortness of breath or difficulty breathing
- New loss of the sense of taste and/or smell (anosmia)

Yes⁹ ☐ No⁰ ☐

Running total:_____

*If you have experienced any of these symptoms then you should **self-isolate** and arrange for a **COVID-19 test** in accordance with the **government Test and Trace process**.*

Currently, or in the last 10 days, have you experienced any of the following symptoms:

- New or worsening chills, body aches, headaches and/or sore throat
- Gastrointestinal upset (diarrhoea and/or vomiting)
- New skin rash, especially to hands or feet

Yes² ☐ No⁰ ☐

Running total:_____

*If you have experienced any of these symptoms then you should be aware that they are **common with COVID-19** though testing and self-isolation are **not currently required**.*

Are you currently self-isolating due to being contacted through NHS Test and Trace or because of symptoms in your household?

Yes⁹ ☐ No⁰ ☐

Running total:_____

Urmston Physio Clinic
220 Higher Road
Urmston
M41 9BH

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In the past 14 days, have you:

Been in close contact (15 or more minutes within 2 metres) with a confirmed or probable case of COVID-19?

Yes⁹ ☐ No⁰ ☐

Running total: _____

Visited or returned from a currently NON-EXEMPT country as advised by the Foreign & Commonwealth Office (FCO)?

Yes⁹ ☐ No⁰ ☐

Running total: _____

In the past 14 days, has anyone in your household:

Been in close contact (15 or more minutes within 2 metres) with a confirmed or probable case of COVID-19?

Yes² ☐ No⁰ ☐

Running total: _____

Visited or returned from a currently NON-EXEMPT country as advised by the Foreign & Commonwealth Office (FCO)?

Yes² ☐ No⁰ ☐

Running total: _____

Were you or anyone in your household identified as higher risk from Covid-19, advised to shield or to continue shielding?

Yes² ☐ No⁰ ☐

Running total: _____

If you have answered "Yes" to any of the questions on this form then you MUST contact the clinic on 0161 748 4100 before attending your appointment unless you have already discussed this with the therapist at a prior appointment.

Full Name (Print): _____

Signature: _____

Date: ____/____/____

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