

COVID-19 screening questionnaire

In order to maintain the health and safety of our residents and staff we ask that you complete the questionnaire prior to your arranged visit.

When you arrive for your pre booked visit please give the questionnaire to a staff member.

Name of Care Home:

Name of visitor:

Date and time of visit:

Duration of visit:

Contact number:

Name of person you are visiting:

1. Have you been feeling unwell recently? (Y/N)
2. Have you had a recent onset of a new or continuous cough? (Y/N)
3. Do you have a high temperature? (Y/N)
4. Have you noticed a loss of, or change in, normal sense of taste or smell?
(Y/N)
5. Have you come into contact with any person with suspected or confirmed COVID 19 within the last 14 days? (If yes, should you be self-isolating as a family member or, as a contact advised to do so by NHS Test and Trace?)
(Y/N)

Name of Staff Member facilitating the visit:

Date: