

CLAYHALL DENTAL CARE

COVID-19 Pre-Appointment Questionnaire

- YES/NO** Do you have a confirmed diagnosis of COVID-19?
- YES/NO** Are you waiting for a COVID-19 test or test results?
- YES/NO** Have you travelled internationally in the last 14 days?
- YES/NO** Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
- YES/NO** Do you have any of the following symptoms?
- **a high temperature** - this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
 - **a new, continuous cough** - this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
 - **a loss or change to your sense of smell or taste** - this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Print Name: _____

Signature: _____

Date: _____