

COVID-19 CONSULTATION & CONSENT DOCUMENT

FULL NAME	
FULL ADDRESS	
POST CODE	
EMAIL ADDRESS	
MOBILE NUMBER	07

Are you registered on the NHS Test & Trace app?	YES		NO	
COVID-19				
Have you had Covid-19? If so, when?	YES		NO	
Please describe your experience:				
TESTING & VACCINATIONS				
Have you had a Covid vaccination? If yes: - Vaccine: 1st jab date: 2nd jab date:	YES		NO	
Did you have any side effects?	YES		NO	
Have you had a positive Covid test in the past 14 days? (Either lateral flow or NHS PCR)	YES		NO	
Have you been in contact with anyone with either Covid-19, or having Covid-19 symptoms, in the past 14 days?	YES		NO	
Has anyone in your household been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES		NO	

If you replied yes to any of the last 3 questions, you should self-isolate according to government advice.

SYMPTOMS - Have you experienced any of the following in the last 7 days?

High temperature or feeling feverish	YES		NO	
Persistent cough or having breathing difficulties	YES		NO	
Loss of taste or smell	YES		NO	

If you replied yes to any, you should organise a Covid test and isolate until the results are known.

Do you have any of the following health issues?

High blood pressure or other heart condition	YES		NO	
Diabetes Type 1 or 2	YES		NO	
Cancer – currently receiving any treatments	YES		NO	

Lung condition – cystic fibrosis, COPD, asthma	YES		NO	
Organ transplant in the last 6 months	YES		NO	
Bone marrow or stem cell transplant in the last 6 months	YES		NO	
Pregnant with a heart condition – how many weeks?	YES		NO	
Pregnant without any other condition - how many weeks?	YES		NO	
Suppressed immune system and susceptible to infections	YES		NO	
Brain and nervous system conditions	YES		NO	
Heart disease, diabetes, chronic kidney disease or liver disease	YES		NO	
A BMI of 40 or over	YES		NO	

Are you?

Of BAME heritage	YES		NO	
An NHS front line worker	YES		NO	
A carer – at home, home visitor or care home	YES		NO	

Have you?

Arrived in the UK from abroad in the last 14 days?	YES		NO	
If so from where:				
Travelled within the UK in the last 14 days?	YES		NO	
If so, where:				

Are you?

Allergic to latex gloves or any cleaning products. Please specify	YES		NO	
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SIGNED

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true.

If any person should suffer as a result of this information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Should anyone I have been in direct contact with over the past 14 days tests positive for Covid-19 I will take advice from NHS Test & Trace, my GP, 111 and 119 as to whether it is necessary to inform you

Full name:

Date: