GCMT The Council for Soft Tissue Therapies

COVID-19 SCREENING AND CONSENT

FULL NAME			
FULL ADDRESS			
POST CODE			
DATE OF BIRTH			
EMAIL ADDRESS			
MOBILE NUMBER			
TESTING			
Have you had a Covid-19 test? If yes, when? Antigen or antibody test? **Antigen** – tests for Covid-19 on day of testing. **Antibody** – possible immunity	YES ☐ Date:	NO ☐	
If it was a positive result, has the isolation period expired?	YES ☐	NO ☐	
Do you still have symptoms?	YES ☐	NO ☐	
Are you registered with the a Test & Trace app?	YES ☐	NO ☐	
SYMPTOMS - Are you experiencing any of the following?			
Severe breathing difficulties or chest pain	YES ☐	NO ☐	
Difficulty in waking or confusion	YES ☐	NO ☐	
If yes to any of the above call 999			
Fever	YES ☐	NO ☐	
Onset, or worsening of a cough	YES ☐	NO ☐	
Sore throat or runny nose	YES ☐	NO ☐	
Chills or headache	YES ☐	NO ☐	
Pain swallowing	YES ☐	NO ☐	
Muscle & joint ache	YES ☐	NO ☐	
Fatigue or exhaustion	YES ☐	NO ☐	
Loss of taste or smell	YES ☐	NO ☐	
If any of the above, the advice is to self-isolate for 7 days. A Covid-19 test may be necessary, call 119			
Shortness of breath or difficulty lying down due to chest issues	YES ☐	NO ☐	
If any of the above, call 111			

Have you been in contact with anyone with Covid-19 symptoms?	YES ☐	NO ☐
Have you recently been hospitalised?	YES ☐	NO ☐
If so, why:		
Do you have any of the following health issues		
High blood pressure or other heart condition	YES ☐	NO ☐
Diabetes Type 1 or 2 – if so, which?	YES ☐	NO ☐
Cancer	YES ☐	NO ☐
Lung condition	YES ☐	NO ☐
Any other conditions – please list:		
If you have had Covid-19:		
Are you experiencing post Covid-19 circulatory complications (deep vein thrombosis, micro-embolisms, stroke symptoms or pulmonary embolism)	YES ☐	NO ☐
Are you?		
An NHS front line worker	YES ☐	NO ☐
A carer – home or care home	YES ☐	NO ☐
Shielding a vulnerable adult	YES ☐	NO ☐
Pregnant – how many weeks?	YES ☐	NO ☐
Aged over 70	YES ☐	NO ☐
Allergic to latex gloves or specific cleaning products	YES ☐	NO ☐

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 the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Test & Trace I will inform you.

Full name: ……

Date: ……