

INDIVIDUAL SELF ISOLATION ASSESSMENT FORM (CV19)

As part of the current Government guidelines for protecting you, your colleagues, families and the UK population, all persons entering the site and clinic are required to complete the below document, sign and date before access will be granted.

Please note – Anyone who meets one of the following criteria in section 1 AND/OR 2, you should not enter the site or enter into the clinic, you should return home for self-isolation immediately.

NAME & Date Of Birth	REPRESENTING COMPANY OR PATIENT

Section 1. Do you have any of the following symptoms? Tick as relevant

	YES	NO
FEVER		
FATIGUE		
NEW, PERSISTENT COUGH		
LOSS OF TASTE AND OR SMELL		

Section 2. Are you living with someone who is currently self-isolating or a vulnerable person? Tick as appropriate.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Section 3. Are you a vulnerable person, classified as below? Tick as relevant

If you are, treatment will only be offered in line with Current Government Advice.

	YES	NO
AGED 70 OR OLDER		
CHRONIC RESPIRATORY DISEASE		
CHRONIC HEART DISEASE		
CHRONIC KIDNEY DISEASE		
CHRONIC LIVER DISEASE		
CHRONIC NEUROLOGICAL DISEASE		
DIABETES		
WEAKENED IMMUNE SYSTEM		
A.N. OTHER (as classified by HM Gov)		

Person Permitted on site and into clinic, temperature taken and recorded at time of appointment by Clinic or Site Manager.

Person Permitted on site and into clinic at time of appointment, were you provided a disposable face mask and gloves by Site or Clinic Manager ? Tick as appropriate.

Disposable Face Mask

Gloves

--	--

I confirm that the above is the truth

NAME	SIGNED	DATE

Clinic and/or Site Managers' use only

Person Permitted on site and into clinic.

YES NO

--	--

NAME	SIGNED	DATE