

COVID-19 SCREENING CHECKLIST		
<b>PARTICIPANT NAME:</b>	<b>Phone number or address:</b>	<b>Date and Time:</b>
<b>Organisation and venue:</b>	<b>Session/event</b>	<b>Temperature if known:</b>
COVID-19 SCREENING QUESTIONS		
Q1	Have you or anyone in your household or extended household been told to self isolate by Public Health as part of Test & Protect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q2	Do you or anyone in your household or extended household have a new, continuous cough?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q3	Do you or anyone in your household or extended household have a new loss or change in sense of smell and or taste?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q4	Have you or anyone in your household or extended household had a fever in the past week?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered <b>YES</b> to <b>Q4</b> was it accompanied by any of the following symptoms:		
	Shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Hoarseness	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Nasal discharge or congestion	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sore throat	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Wheezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sneezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If the person has answered 'YES' to any question they should NOT attend the session/event and they should GO HOME immediately, being advised to self-isolate and seek a test:</b> <a href="https://www.nhsinform.scot/">https://www.nhsinform.scot/</a>		

The organisation running the session/event must keep a record of attendees for 21 days in accordance with the Scottish Government Test and Protect process.

<https://www.gov.scot/publications/test-protect-multi-sector-guidance-collection-customer-visitor-contact-details-july-2020/>