

## Visitor Screening Questionnaire

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_ Host Name: \_\_\_\_\_

If the answer is yes to any of the questions below you should not proceed with the scheduled appointment;

1. Have you come in close contact with anyone who has self-isolated due to possible COVID-19 in the last 14 days? Yes  No
2. Have you, in the last 14 days, come into contact with someone who is known to have the COVID-19? Yes  No
3. Do you have flu like symptoms (fever, cough or shortness of breath, even if mild)? Yes  No

Signature of Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

## Visitor Screening Questionnaire

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_ Host Name: \_\_\_\_\_

If the answer is yes to any of the questions below you should not proceed with the scheduled appointment;

1. Have you come in close contact with anyone who has self-isolated due to possible COVID-19 in the last 14 days? Yes  No
2. Have you, in the last 14 days, come into contact with someone who is known to have the COVID-19? Yes  No
3. Do you have flu like symptoms (fever, cough or shortness of breath, even if mild)? Yes  No

Signature of Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

## Visitor Screening Questionnaire

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_ Host Name: \_\_\_\_\_

If the answer is yes to any of the questions below you should not proceed with the scheduled appointment;

1. Have you come in close contact with anyone who has self-isolated due to possible COVID-19 in the last 14 days? Yes  No
2. Have you, in the last 14 days, come into contact with someone who is known to have the COVID-19? Yes  No
3. Do you have flu like symptoms (fever, cough or shortness of breath, even if mild)? Yes  No

Signature of Visitor: \_\_\_\_\_ Date: \_\_\_\_\_