

## PRE-TREATMENT-SCREENING CHECK (COVID-19)

Pre-screening is now a public health recommendations for patients prior to attending for treatment. This measure is an effort to minimise the risk of the spread of COVID-19 within our communities. Pre-screening should be completed prior to a patient attending the clinic as a risk management protocol.

<b>DATE</b>		
<b>NAME</b>		
<b>CONTACT NUMBER</b>		
<b>PRE-TREATMENT-SCREENING QUESTIONS;</b>	<b>YES</b>	<b>NO</b>
<b>1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?</b>		
<b>2. Have you been in close contact with a confirmed or suspected case of COVID-19 in the last 14 days? (i.e. less than 2m for more than 15mins accumulative in 1 day)</b>		
<b>Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?</b>		
<b>Have you been advised by a Doctor or the HSE to self-isolate at this time?</b>		
<b>Have you been advised by a Doctor or the HSE to cocoon at this time?</b>		
<b>Could you be classified as a person falling into the "at risk" group around whom additional HSE guidelines apply? (e.g. underlying health conditions which place you at increased risk)</b>		

I understand that this information is required for the purposes of public health and will be kept on file for a 2 month period from the date of signing. I confirm that the above information is true and accurate from the date of signing. I understand that my personal information including my name and contact details may be shared with the Health Service Executive (HSE) for the sole purpose of contact tracing in line with public health guidelines only if requested.

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_