WESTON PARK Dental

WESTON PARK DENTAL SURGEONS

COVID – 19 QUESTIONNAIRE

1. Do you or have you had in the last 14 days a persistent cough or shortness of breath?

Or at least two of the following symptoms:

Fever ☐ Chills ☐ Repeated shaking ☐ Fatigue ☐ Muscle aches ☐ Vomiting ☐

Headache ☐ Sore throat ☐ Loss of taste or smell ☐ Malaise ☐ Nausea ☐ Diarrhoea ☐

	YES	NO
2. Are you awaiting results of a lab test for COVID-19?	☐	☐
3. Have you tested positive for COVID-19? If so when?	☐	☐
4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?	☐	☐
5. Have you had close contact with an individual diagnosed with COVID-19 infection in the past 14 days?	☐	☐
6. Have you travelled in the past 14 days to a region with high rates of COVID-19 disease activity?	☐	☐
7. Have you been advised to shield by the Government or your GP?	☐	☐

If you have answered yes to any of the above questions please contact the surgery to re-evaluate.

8. What is your ethnicity? _____

9. What is your weight in kgs and height in metres? _____

The surgery will be adopting additional measures, as recommended by the guidelines, for the safety and protection of patients and staff.
Please avoid use of mobile phones whilst on the premises.
Try to attend the surgery on your own.
On arrival, you will be directed to wear gloves and a mask and use an alcohol rub.
Please follow the social distancing measures in place.
Please avoid paying with cash.
There will be restricted access to the toilet facilities.
Attendance is by appointment only.
Thank you for your understanding.

WESTON PARK DENTAL

NAME _____ SIGNED _____ DATE _____