

Covid-19 Declaration Form

The Dental Healthcare Practice, Gillingham

Name

Phone Number

First Name

Last Name

Area Code Phone Number

Corona virus patient screening:

It is important to establish each patient's COVID-19 status before confirming an appointment.

The symptoms listed in the latest NHS case definition of COVID-19 are:

- new continuous cough,
- new fever/high temperature,
- new loss of, or change in, sense of smell or taste (anosmia).

1 Have you tested positive for COVID-19 in the last 7 days?

YES
NO

2. Are you waiting for a COVID-19 test or the results?

YES
NO

3. Do you have any of the following symptoms? (tick as appropriate)

New, continuous cough
High temperature or fever
Loss of, or change in, sense of smell or taste

4 Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?

YES
NO

5 If you normally have a cough e.g. due to asthma, is your cough worse than usual?

YES
NO

Please print your name below in CAPITALS to confirm the above information is accurate: