COVID - 19 Patient Screening Form

As the COVID - 19 outbreak continues, the safety of our workforce and all patients remains Physio Med’s overriding priority. We will continue to monitor the situation closely and periodically update our guidance based on prevention and recommendations from the NHS and Public Health England.

To prevent the spread of COVID - 19 and reduce the potential risk of exposure to our workforce and all patients, we are conducting a Self Assessment Health Checklist. Your participation is mandatory to help Physio Med take precautionary measures to protect everyone, including complying with trace and test requirements.   
  
You are required to complete the following form:-

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| --- | --- |
| Patient name: | Personal Phone Number ( mobile / home ): |
| Travelled from – place of departure: | |

I hereby certify that:

|  |  |  |
| --- | --- | --- |
|  |  | Please tick |
| 1 | I have no fever - my temperature is lower than 37.5°C - 99.5°F |  |
| 2 | I have no symptoms typical of COVID - 19, such as a new persistent cough, a high temperature ( over 37.8 degrees ), anosmia or loss of smell or taste  I will notify you of any changes and will self isolate if I have any symptoms |  |
| 3 | I have not travelled from any area recently identified by Public Health England or the NHS as severely impacted by COVID - 19 |  |
| 4 | During the last 14 days, I have **NOT** been in “close proximity” with any person confirmed or suspected to have been infected by COVID - 19.  “Close proximity” includes:   * Living in the same household as a confirmed COVID - 19 case; * Having had direct physical contact with a COVID - 19 case ( e.g. shaking hands ) * Having had unprotected direct contact with infectious secretions of a COVID - 19 case ( e.g. being coughed on, touching used paper tissues with bare hands ) * Having had face to face contact with a COVID - 19 case for longer than 15 minutes and at a distance of less than 2 metres * Having been in a closed environment ( e.g. classroom, meeting room, hospital waiting room, interview room etc. ) with a confirmed COVID - 19 case for longer than 15 minutes and at a distance of less than 2 metres |  |
| 5 | I will comply with current Public Health England and NHS COVID - 19 secure measures while inside the Physio Med building, including:   * Follow hand washing guidance, clean hands frequently. * Follow appropriate guidance to use PPE * Remaining at the ground floor only in the visitors area or in designated areas that will be communicated to me * Not having any physical contact with anyone in the building, e.g. shaking hands, other than during any manual therapy that may be indicated by your Physiotherapist * Maintaining recommended social distancing of 2 metres with all persons in the building other than during any manual therapy that may be indicated by your Physiotherapist * Being seated at the recommended social distancing of 2 metres away from the next person in a designated area * Cooperating with any other measures reasonably implemented such as one way access and egress to maintain social distancing. |  |

If any of the 5 sections remain unticked you will be denied access to the building.   
  
Signature ( Patient ):

Date:

The information collected on this form will only be used to determine your access to the Physio Med premises and will be part of your Physiotherapy notes. Any questions should be directed to [customerservices@physiomed.co.uk](mailto:customerservices@physiomed.co.uk)