**Bath Facial Aesthetics Pre- Appointment Screening Checklist**

**Symptom Check.:**

1. Have you experienced any of the following symptoms in the last 14 days?

 Temperature of feeling feverish Yes/No

 New cough Yes/No

 Sore Throat Yes/No

 Shortness of breath Yes/No

 Flu like symptoms such as fatigue, headache Yes/No

 Nausea or Diarrhoea Yes/No

 Chills or shivering Yes/No

 Muscle pains or rash Yes/no

Loss of taste or smell Yes/No

 2. Have you been diagnosed or suspected of having COVID-19

Have you had a throat and nasal swab

Did you test Positive or Negative?

Date of Test

Have you had an antibody blood test

Was it positive or Negative?

Date of Test

**Family and Close Contacts:**

1: Are any of your family members or immediate /close contacts currently sick or experiencing:

Fever, Cough, Shortness of breath or Flu-like symptoms? Yes/No

Sore throat, Muscle Aches, fatigue, Nausea & Diarrhoea? Yes/No

2: Have any of your family members or immediate/ close contacts been diagnosed with COVID19?

If yes when

**Recent Travel**

1: Have you recently travelled internationally, travelled within the UK or attended a public event in the last 15 days?

If yes, where and when?

2: Has any of your family or close contacts recently travelled internationally, travelled within UK or attended an event in the last 15 days?

If yes, where and when?

Patient Name Print Date

Patient Signature