SMA
SOFT TISSUE THERAPIST

GCMT The Council for Soft Tissue Therapies

COVID-19 SCREENING AND CONSENT

FULL NAME			
FULL ADDRESS			
POST CODE			
DATE OF BIRTH			
EMAIL ADDRESS			
MOBILE NUMBER			
TESTING			
Have you had a Covid-19 test? If yes, when? Antigen or antibody test? **Antigen** – tests for Covid-19 on day of testing. **Antibody** – possible immunity	YES ☐ Date:	NO ☐	
If it was a positive result, has the isolation period expired?	YES ☐	NO ☐	
Do you still have symptoms?	YES ☐	NO ☐	
SYMPTOMS - Are you experiencing any of the following?			
Do you have a new or persistent cough?	YES ☐	NO ☐	
Do you have a fever? (above 37.8°c)	YES ☐	NO ☐	
Have you lost or experiencing a reduced sense of taste or smell?	YES ☐	NO ☐	
Have you been in contact with anyone with Covid-19 symptoms or been living in a household with someone who is self-isolating due to covid-19 symptoms?	YES ☐	NO ☐	
If yes, please isolate for 14 days			
CURRENT HEALTH ISSUES (Extra precautions with PPE may be required)			
Recently been hospitalised?	YES ☐	NO ☐	
If so, why:			
High blood pressure or other heart condition?	YES ☐	NO ☐	
Diabetes Type 1 or 2 – if so, which?	YES ☐	NO ☐	
Cancer?	YES ☐	NO ☐	
Respiratory condition?	YES ☐	NO ☐	

Pregnant – how many weeks?	YES ☐	NO ☐
Aged over 70?	YES ☐	NO ☐
PREVIOUSLY CONTRACTED CORONAVIRUS (treatment may not be possible at this stage)		
Are you experiencing post Covid-19 circulatory complications (deep vein thrombosis, micro-embolisms, stroke symptoms or pulmonary embolism)	YES ☐	NO ☐
EXPOSURE TO COVID-19? (Extra precautions with PPE may be required)		
An NHS front line worker	YES ☐	NO ☐
A carer – home or care home	YES ☐	NO ☐
Shielding a vulnerable adult	YES ☐	NO ☐
Are you allergic to latex gloves or specific cleaning products	YES ☐	NO ☐

SIGNED

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Test & Trace I will inform you.

Full name: ……

Date: ……