

Covid-19 Triage Questionnaire

	Yes/No
1. Have you been ill in the last two weeks?	
2. Do you have fever (over 37.5°C)?	
3. Are you coughing at present?	
4. Do you have a sore throat?	
5. Have you lost your sense of smell or taste?	
6. Have you been in contact with somebody who has any of these symptoms?	
7. Have you travelled to an area at high risk for COVID-19, nationally or internationally?	
8. Do you work in a hospital/nursing home or healthcare facility?	
9. Have you been in contact with somebody who has COVID-19?	
10. Have you been you diagnosed with COVID-19?	
11. Do you live in a household with somebody who has been diagnosed with COVID-19 infection or has COVID-19 symptoms (fever, cough, loss of smell)?	
12. If you have been COVID-19 positive and recovered, do you have certified medical evidence of clearance?	
13. Do you have a severe medical conditions such as obesity, diabetes, high blood pressure, severe asthma chronic kidney disease, immunosuppressive therapies etc.? WE WILL NOT BE ABLE TO COMMENCE TREATMENTS ,IF SO	

If you have answered Yes to any of the above questions please provide details:
