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**COVID-19 Health Screening Questionnaire**

This questionnaire is designed as a screening tool to give you and TDAS staff guidance about your fitness and whether you require additional medical assessment or advice.

By completing this form:

You consent to the use of the information requested below to be used by TDAS to determine your suitability to access services.

You consent to the temporary retention of the information by TDAS staff.

**CLIENT: …………………………………………………………………………………………….…**

**DATE COMPLETED: …………………………………………………………………………………………..….**

**WORKER: ………………………………………………………………………………….……………**

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| **Health Questions** | **Yes** | | **No** | |
| Do you have any of the conditions at List A overleaf? |  | |  | |
| Do you have any of the conditions at List B overleaf? |  | |  | |
| Have you ever had, or do you currently have, any other health condition not mentioned in List A or B?  If yes, please give details: |  | |  | |
| **COVID-19 infection and contact** | | **Yes** | | **No** | |
| In the last seven days, have you had a new persistent cough or high temperature (37.8o C or higher)? | |  | |  | |
| In the last **42 days (six weeks)**, have you had a new persistent cough or high temperature (37.8o C or higher)? | |  | |  | |
| In the last fourteen days, has any member of your household had a new persistent cough or high temperature (37.8o C or higher)? | |  | |  | |
| In the last fourteen days, have you had contact with anyone who has been confirmed to have COVID-19? | |  | |  | |

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| --- | --- |
| **COVID additional ‘risk’ conditions** |  |
| **List A** | **List B** |
| * At high risk of flu (you have been told by a health care professional to have an annual flu vaccination on medical grounds) – this excludes work-related reasons, such as health care workers * Long term (chronic) problems with your lungs, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis * Chronic heart conditions, such as heart failure * Chronic kidney disease * Diabetes * Spleen disease (including sickle cell disease), injury, removal or reduced function (impairment) * Weakened immune system due to medication (including steroid (prednisone) tablets), immunosuppressants, or conditions such as HIV / AIDS. * Receiving chemotherapy or radiotherapy treatment * Seriously overweight (Body Mass Index (BMI) 40 or higher) * Pregnancy | * HIV * Chronic liver disease, such as hepatitis * Rheumatology also disease, such as rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis. This does NOT include osteoarthritis (arthritis due to ‘wear and tear’) * Cancer of the blood or bone marrow, such as leukaemia or lymphoma, in the last five years. |

**TDAS Staff Action**

* Where the answer is ‘Yes’ to any of these questions please discuss with your manager.