COVID-19 Screening Questionnaire

Do you have any of the following symptoms?

• New or worsening cough	☐ Yes	☐ No
• Sneezing and runny nose	☐ Yes	☐ No
• Fever (at least 38˚C)	☐ Yes	☐ No
• Temporary loss of smell or altered sense of taste	☐ Yes	☐ No
• Sore throat	☐ Yes	☐ No
• Shortness of breath	☐ Yes	☐ No

Have you been tested for COVID-19 and are you still awaiting the result?

☐ Yes ☐ No

Have you or anyone in your household been at a location of interest in the last 14 days?

☐ Yes ☐ No

Have you had contact with anyone who has been diagnosed with COVID-19 in the last 14 days?

☐ Yes ☐ No

If you answered 'Yes' to any of the above questions, please return home.

If you have any flu, cold or COVID-19 symptoms, or need advice around having visited a location of interest or being a contact of someone who has tested positive for COVID-19, please call:

- Healthline for free on 0800 358 5453
- Your doctor or nurse, or
- Your iwi health provider