

## COVID - 19 PATIENT TRIAGE QUESTIONNAIRE

For each question, please circle 'yes' or 'no'.

Please complete this 24 hours before your appointment time.

1. Have you been unwell in the last two weeks?	Yes	No
2. Do you have fever (over 37.8°C)?	Yes	No
3. Do you have a cough at present?	Yes	No
4. Do you have a sore throat?	Yes	No
5. Have you lost your sense of smell or taste?	Yes	No
6. Have you been in contact with somebody who has any of these symptoms in the last month?	Yes	No
7. Have you travelled to an area at high risk for COVID-19, internationally?	Yes	No
9. Have you been in contact with somebody who has COVID-19 in the last month?	Yes	No
10. Have you been you diagnosed with COVID-19 in the last month?	Yes	No
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)?	Yes	No
12. Have you or anyone in your household been advised by the government to shield?	Yes	No

If you answer 'Yes' to any of the questions above, please **DO NOT** bring in your semen sample. Please call us on 01752 787 999 for further advice.

Please be aware that on the day of your appointment, your temperature will be taken and if it is found to be raised, your sample will be rejected, in line with COVID-19 policies.

**By signing this document, you are confirming that you have answered this questionnaire as accurately as possible. Failure to complete this accurately and fully may put our staff and other patients at risk.**

Patient Name (Print):.....

Date:.....

Patient Signature:.....