**Please call us before attending the surgery for a pre-booked appointment if you answer yes to any of the following questions**

**Covid-19 Screening Questions**

* Do you or any member of your household/family have a confirmed diagnosis of
* COVID-19 diagnosed in the last 14 days?
* Do you or any member of your household/family have suspected COVID-19 and are
* waiting for a COVID-19 test result?
* Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?
* Do you have any of the follow ing symptoms;
	+ High temperature or fever?
	+ New, continuous cough?
	+ A loss or alteration to taste or smell?

**General respiratory screening questions**

* Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus?
* Have you been had a laboratory test with a confirmed respiratory virus/ infectionsuch as influenza in the last 14 days