

150



Kathleen Ward Health Clinic

## COVID 19 QUESTIONNAIRE/SELF DECLARATION

In the interests of safety of the people of this Clinic, their families and the community, Site Management ask that you complete the following questionnaire / self-declaration prior to presenting for an Appointment. Your co-operation and support are appreciated. You will be requested to reschedule your appointment (or leave the clinic) to a later date if you answer 'YES' to Questions 1, 2 or 3.

QUESTION	YES	NO
1. Have you been in close contact with anyone who are confirmed with having COVID-19 virus?		
2. Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?		
3. Do you have any of the following typical COVID-19 symptoms; fever, high temperature, persistent coughing, or breathing difficulties / shortness of breath		
4. Have you returned to the island of Ireland from another country within the last 14 days? If 'YES', where?		

I confirm that I have responded to the Questions above truthfully based on my current condition and I commit to advising the relevant Representative from Kathleen Ward Health Clinic and excluding myself from visiting the clinic if this situation changes, (e.g. if a point in the future, I would answer "Yes" to any of the above Questions).

Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Readuff, Loughmourne,

Castleblayney, Co. Monaghan, Ireland

[reception@kathleenwardhealthclinic.ie](mailto:reception@kathleenwardhealthclinic.ie)

+353 42 9745070