CHBH NIRS COVID-19 Screening Questionnaire

The following statement is to be read to the Participant during Telephone Screening, by CHBH Ops before asking the five questions.

Confirmation that the Participant is not COVID-19 symptomatic is to be asked again in person, by the NIRS Operator in CHBH Reception, when the Participant arrives on site at CHBH for their NIRS session.

“Under no circumstances should any NIRS participants be allowed to enter the CHBH building for booked NIRS Project sessions if they have been exposed to or are experiencing symptoms of COVID-19 (SARS-CoV-2).

For the safety and well-being of the public, participants and CHBH staff, please respond to the following questions.

If you are unsure and cannot decide whether to answer YES or NO to any questions, then please respond with YES”.

1) Have you experienced any cold or flu-like symptoms within the last 14 days? COVID-19 symptoms can include: chest pain, fever, cough, sore throat, respiratory illness, difficulty breathing or altered taste of sense or smell. YES / NO: _____

2) Have you been in close contact with, or cared for, someone with COVID-19, or anyone with COVID-19 symptoms within the last 14 days? YES / NO: _____

3) Have you been advised by your GP to follow shielding and protection measures in relation to COVID-19, or in the UK Government ‘At Higher Risk’ or ‘Clinically Vulnerable’ groups? YES / NO: _____

4) Have you been asked to isolate under a COVID-19 Track and Trace system? YES / NO: _____

5) Are you feeling fit and well for your NIRS session? YES / NO: _____

PARTICIPANT NAME: ________________________________

NIRS OPERATOR CARRYING OUT COVID-19 SCREENING: ________________________________

NIRS PROJECT CODE: ________________________________

DATE/TIME OF BOOKED SESSION: ________________________________