

Covid-19 Pre-attendance Screen

Information for Patients

SARS-CoV-2 Virus

Covid-19 disease is caused by the virus SARS-CoV-2. Symptoms of Covid-19 disease include fever, cough, headache, joint pain or breathing difficulties. In the worse-case scenario, this disease can prove fatal.

Whilst we are awaiting vaccine availability, the best way to avoid infection is to practise social and physical distancing; avoid airborne particles from others by protecting your mouth, nose and eyes; and pay attention to thorough hand-washing and disinfection. Before attending any clinic appointments, be aware of any increased risk linked to transport to the clinic (e.g. if using public transport).

Advice

In accordance with instructions from our regulator, the Human Fertilisation and Embryology Authority, we remind you to please follow avoid unnecessary exposure to risks of Covid-19 infection at work and in private. Please restrict interactions in line with government guidelines on social distancing and remain at home, where appropriate. If you are visiting X&Y Fertility, please let clinic staff know in advance if you feel you may have infringed this advice and been potentially exposed to Covid-19.

Covid-19 Screening

As part of our Covid19 safety strategy to ensure you and our team are safe, please complete the screening questionnaire on the next page. Please note, we will not be able to see you if you answer yes to any questions. If your answers are no, please print off, sign and date the form, and bring it with you.

Please note, at your appointment any interaction with clinic staff will respect a 2-metre distance, in line with best practice guidance.

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Screening Questionnaire

Please print off this page, circle Y or N for each question, sign and date the form, and bring it with you to your appointment.

Have you been sick in the last two weeks?	Y	N
Do you have fever (over 37.5°C)?	Y	N
Are you coughing at present?	Y	N
Do you have a sore throat?	Y	N
Have you lost your sense of smell or taste?	Y	N
Have you been in contact with anyone who has any of these symptoms or has tested positive for COVID-19?	Y	N
Do you live in household with somebody who has COVID-19 symptoms (fever, cough, loss of smell)?	Y	N

We confirm that we have received the above information regarding Covid-19. We have kept to government advice, completed the screening questionnaire and wish to keep our appointment.

Female name..... **Female signature**.....

Date

Partner name..... **Partner signature**.....

Date.....