

Your Name	Anish
Your Email	anish.hexa@gmail.com
Do you have a PPS number?	Yes
If Yes? Details	Details
Have you been feeling hot and cold or had a fever?	Yes
If Yes? Details	Details
Do you have a cough or any difficulty breathing?	No
If Yes? Details	No
Do you have a sore throat?	Yes
If Yes? Details	Details
Do you have a blocked or runny nose?	Yes
If Yes? Details	Yes
Are you experiencing fatigue, headache or aches and pains?	Yes
If Yes? Details	Yes
Have you travelled abroad in the past 14 days?	No
Have you been in contact with someone with a case of Covid-19?	Yes
Have you worked in or attended a healthcare facility where people are being treated for Covid-19?	No
Do you have any pre-existing medical conditions such as high blood pressure, heart disease, lung disease, cancer or diabetes?	Yes
Do you take any medication that is likely to effect your immunity, such as long-term steroids or treatment for an auto-immune condition?	Yes
If female, are you pregnant?	Male
Please indicate your consent to being contacted by a GP regarding your assessment. The GP will arrange to contact you within 4 hours (response times may vary).	Yes