

Did you have one or more of these complaints **in the past 24 hours?**



Coughing



Cold complaints



Raised temp. or fever



Shortness of breath



Loss of smell and/or taste



Do you currently have a roommate with a **fever and /or shortness of breath?**



Did a lab determined **in the past 7 days** that you have had COVID-19?



Do you have a **roommate** and / or **family member** with COVID-19 and have you been in contact with him/her **in the past 10 days?**



Are you in **isolation** because you have had **direct contact** with someone with COVID-19?

*If you can answer one of the above questions with **'yes'**, please do not make an appointment or cancel your existing appointment.*



Do you feel fit and are you planning on attending your appointment? Then our urgent advice is to use a mouth mask.

By providing the contact information, you consent to sharing the contact details with the GGD at their request for source and contact investigation.



**Executive Health
Management**