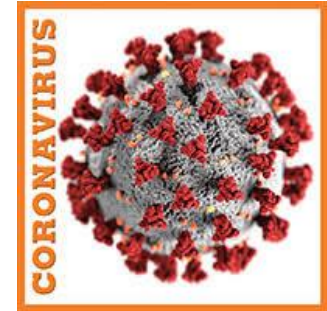


Your COVID-19 Status



COVID-19 related questions	Yes	No
Have you tested positive for COVID-19 in the last 7 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you waiting for a COVID-19 test or the results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any of the following symptoms ? <ul style="list-style-type: none">• New, continuous cough*• High temperature or fever• Loss of, or change in, sense of smell or taste	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been notified by NHS Test and Trace in the last 14 days that you are a contact of a person who has tested positive for COVID-19 and you do not live with that person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* A new, continuous cough means coughing for longer than an hour, or three or more coughing episodes in 24 hours. If you usually have a cough, this may be worse than usual.		

If you answered Yes in any of the questions you are identified as a suspected or confirmed COVID-19 patient.