

**Dr Niall Moore
GP Family Practice**

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Patient COVID-19 Questionnaire & Declaration of Health

Name:
Address:
Mobile No:
Doctor:
Date:

To ensure the Safety & Health of all people, all patients must complete this declaration form prior to entering or on arrival to our GP practice. If you indicate to us that you have symptoms of COVID-19 or you have been abroad in the last 14 days you will be required to self-isolate or restrict your movements. Where this is the case, A GP will ring you before attending the Practice.

We would recommend the use of face masks, and remember to always maintain social distancing and proper hand hygiene.

1. Are you suffering from a cough or shortness of breath (new or worsening) (Y/N)?	
2. Have you visited any countries outside of Ireland recently (Y/N)?	
3. Are you experiencing any difficulty in breathing, shortness of breath (Y/N)?	
4. Have you experienced any fever, chills, sweats (of unknown origin) in the last 24 hours (Y/N)?	
5. How Are you feeling Health wise (Well/Unwell)?	
6. Have you been in contact with someone who is confirmed to have COVID-19 or has visited an affected region in the last 14 days (Y/N)?	
7. Have you experienced a loss of sense of taste or smell? (Y/N)	
8. Do you have a new onset of severe muscle aches and/or severe tiredness? (Y/N)	

Signature: _____

Date: _____