Oadby Wyggestonian symptom checker

Training session………………………………………………………

Date……………………………………………………………

Age Group…………………………………………………

Name	Are you currently diagnosed, or do you believe you have COVID-19?	Over the last 14 days have you developed a new continuous cough?	In the last 14 days, have you had a Fever/temperature (defined as 37.8 degrees Celsius)?	In the last 14 days, have you had unusual shortness of breath whilst exercising?	In the last 14 days, have you had a loss of smell?	In the last 14 days, have you had a loss of Taste?	In the last 14 days, have you been in contact with a COVID-19 confirmed or suspected case?	Signature