

**PLEASE READ THIS PRIOR TO ENTERING [PRACTICE NAME]**

**Please be advised that we do not have the facilities to diagnose or treat the CO-VID 19 virus.**

If you feel that you may have been exposed/have symptoms please contact your General Practitioner directly by telephone, to seek medical advice.

**DO NOT** **ENTER THIS PRACTICE if you are currently suffering from a fever, cough or shortness of breath**.

Please call [PH NUMBER] to speak to a staff member for further instructions.

[As suitable:] Many patients attending this practice have low or suppressed immune systems.

If you enter this facility you may put vulnerable people at risk.

Thank you.

**[FOR PRACTICE STAFF:]**

If a patient calls in – suffering from symptoms.

* **Clarify symptoms:**
	+ **Commonest symptoms of COVID 19 are:**
		1. **Fever**
		2. **Cough**
		3. **Shortness of breath**
		4. **Headache**
		5. **Myalgias**
* **Have they recently travelled?**
* **Have they spent time with anyone who has recently travelled?**
* **Are they a healthcare worker?**
	+ **Where do they work**
	+ **Have they had any *suspected* exposure**
* **Do they have a temperature?**