



COVID-19 Health Screening Questionnaire

The questions provided on this form are based on the information provided by the NHS at <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/>.

NB: Please answer covering both the adult and child. If the answer to any of the questions below is yes for ANYONE attending the class, please ensure you note corrective action at the end of this document.

Have you suffered from or are you suffering with any of the following health problems?	Yes	NO	N/A
Have you visited any other countries in the past 14 days?			
Have you been in contact with a known infected person or a person who is self-isolating within the last 14 days?			
Are you showing any coronavirus symptoms? (These are new cough, shortness of breath or high temperature or loss of taste and smell)?			
Have you been advised to self-isolate?			
Have you been diagnosed with a lung condition, such as asthma, COPD, emphysema or bronchitis?			
Have you been diagnosed with heart disease e.g. heart failure?			
Have you been diagnosed with chronic kidney disease?			
Have you been diagnosed with liver disease, such as hepatitis?			
Have you been diagnosed with a condition affecting the brain and nerves, such as Parkinson's disease, motor			



neurone disease, multiple sclerosis (MS), a learning disability or cerebral Palsy?			
Have you been diagnosed with diabetes?			
Have you been diagnosed with problems with your spleen – for example, sickle cell disease, or if you’ve had your spleen removed?			
Have you been diagnosed with a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy?			
Have you had an organ transplant?			
Are you having cancer treatment?			
Do you have a blood or bone marrow cancer, such as leukaemia?			
Do you have a condition or are taking medicine that makes you much more likely to get infections?			
Do you have any other conditions that may place you in the at-risk category e.g. pregnant, pregnant with a serious heart condition, overweight (having a BMI of 40 or above)?			
Have you been tested or are you being tested for Corona Virus (COVID19)?			
Do you live with any Key Workers?			
Corrective action if required: we would advise you to attend our online sessions to protect your health.			



Please note your contact details are held securely on our website and may be passed onto the NHS track and trace. If you do not wish for this to happen please advise through info@diddidance.com