



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# COVID-19 PATIENT VISITATION QUESTIONNAIRE

Please complete the following information.

Your details will only be used in the event of a case, cluster or outbreak of Coronavirus. The information will be kept for 3 months and then destroyed.

\* Required

1. Full name of visitor \*

2. Mobile number of visitor \*

3. Contact email address for visitor \*

This is to receive your confirmation email on completion of this form.

4. First line of address for visitor \*

5. Home postcode for visitor \*

6. Date of visit \*

Please input date (dd/MM/yyyy)



7. What site are you visiting? \*

- ☐ The Grange University Hospital
- ☐ Royal Gwent Hospital
- ☐ Nevill Hall Hospital
- ☐ Ysbyty Ystrad Fawr
- ☐ Chepstow Community Hospital
- ☐ County Hospital
- ☐ St Cadoc's Hospital
- ☐ St Woolos Hospital
- ☐ Ysbyty Aneurin Bevan
- ☐ Monnow Vale Health and Social Care Centre
- ☐ Rhymney Integrated Health & Social Care Centre
- ☐ Maindiff Court Hospital

8. Full name of the patient being visited \*

9. Which ward will you be visiting? \*

## Section

10. Do you have any of the following symptoms;

- A new rash or skin discoloration (not linked to existing condition) of fingers and toes
- Aching or painful muscles
- Any flu like symptoms
- Conjunctivitis
- Excessive tiredness
- New onset of Diarrhoea (not associated with existing condition)
- New onset of nausea or vomiting
- Persistent headache
- Persistent running nose or congestion
- Shortness of breath or wheezing
- Sore throat and/or hoarseness

\*

- ☐ I **do** have one or some of these symptoms
- ☐ I **do not** have any of these symptoms

11. Have you or any member of your household members tested positive for Covid-19 in the last 10 days? \*

- ☐ Yes
- ☐ No

12. Are you or any member of your household/family waiting for a COVID-19 result? \*

- ☐ Yes
- ☐ No

13. Have you been in contact with a known positive case in the past 7 days? \*

☐ Yes

☐ No

14. Have you done a test for Covid-19 using a lateral flow test before attending your visit? \*

☐ Yes

☐ No

## COVID-19 PATIENT VISITATION DISCLAIMER

You have chosen to visit a loved one in hospital during a global pandemic. Strict infection control measures are in place in order ensure maximum safety to everyone. You have been told of the risks set out below associated with you visiting your loved one in hospital and you have confirmed that you understand these. You have been offered alternative remote means of contact with your loved one.

**Please carefully read and sign the following document.**

I agree to wear personal protective equipment as directed by hospital staff

I agree to follow safety instructions given to me by hospital staff

I acknowledge that people in the following groups are perceived to be at a higher risk of severe infection and complications from COVID-19 and such people are discouraged from visiting:

- Diabetics
- Over 65s
- People who have received organ/stem cell transplants
- Those undergoing cancer treatment
- Those on steroids and immunosuppressant drugs
- Those with high blood pressure
- Those with severe problems with either the lungs (COPD, pulmonary fibrosis etc.) or heart (heart failure, congenital heart defects etc.)
- Those with rare and metabolic diseases
- Obese people
- Black, Asian and minority ethnic individuals
- Pregnant women

I acknowledge that if I come into the hospital there is a significant risk I will contract COVID-19 and that, if I do contract COVID-19, this may result in significant illness and my death. I acknowledge that this risk is higher if I fall within one of the groups above.

As a result of my exposure to the above named patient, I will pose a risk to other people in my household, especially those in the above groups, and I will take measures to minimise the risks to these people (living in one room, living elsewhere etc.)

### Your information

Aneurin Bevan University Health Board is committed to protecting your information. Follow this

### 15. Have you read and understood the above information? \*

☐

I have read and understood the above information regarding my visit

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