

Mater Private Hospital Cork Screening Tool for COVID-19

1. Have you had fever/chills/sweating or any new or worsening respiratory symptoms / cough / cold / shortness of breath/ flu-like/malaise/new diarrhoea or vomiting symptoms in the past seven days?
2. Are you concerned that you may have COVID-19 infection for any reason not mentioned above?
3. Have you had any recent sudden onset loss of smell, loss of taste or distortion of taste?
4. Have you had any foreign travel outside of Ireland in the past 14 days?
5. Have you been in contact with anyone who is:
 - Suspected or confirmed COVID- 19
 - Self-isolating at home due to symptoms or recent travel history
 - A known contact of a case of confirmed COVID -19
 - A close contact of a person returned from recent travel in the past 14 days
6. Have you been a resident in a long-term care facility in the past 14days?
7. Have you tested positive for COVID19 in the past month?