

## Pandemic Influenza - 'Swine Flu' Questionnaire

In the response to the Pandemic Influenza - 'Swine Flu' Capability Resources has developed a screening process that applies to all persons attending our Training Courses.

Please complete all your details and answer all questions below, after which please return the completed questionnaire to your Trainer and Assessor.

Name	
Company Name	
Course	
Trainer / Assessor	
Date	

**Q1.** Have you travelled overseas within the past two weeks? **Yes / No**  
If 'Yes', please provide details of the countries that you have visited:

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**Q2.** Have you had contact with a known or suspected case of pandemic influenza **Yes / No**  
and or visited a hospital/health care facility within an affected area?  
If 'Yes', please provide details of who, where and when:

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**Q3.** Do you have one or more of the following symptoms; fever, sore throat, cough **Yes / No**  
or any other respiratory symptoms?  
If 'Yes', please provide details:

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**Thankyou for your time - your health is our number one concern!**

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