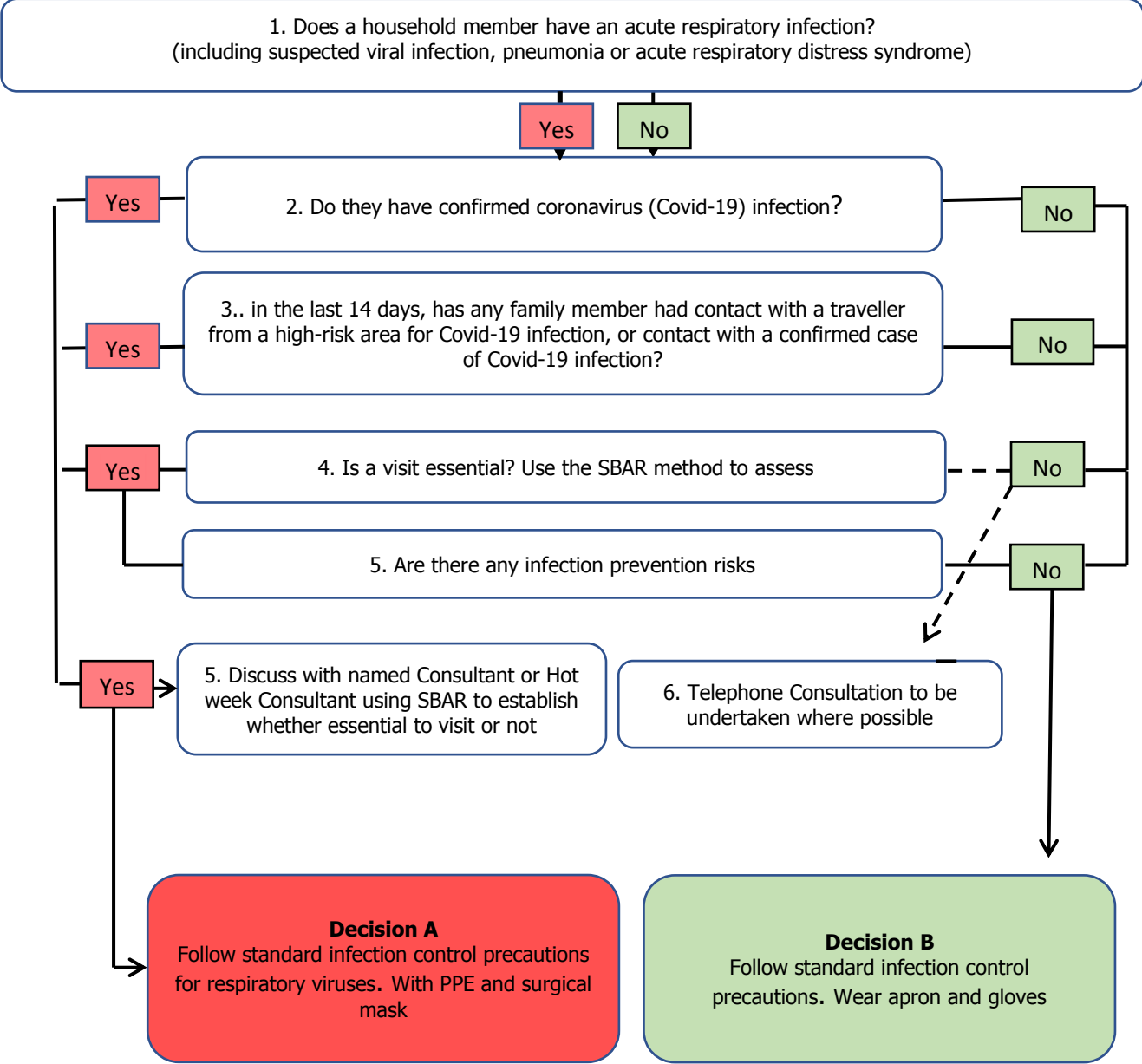


Covid -19. Guidance
Neonatal Community Outreach
To be completed prior to each visit

Name:
 Date of birth:
 Hospital/NHS Number:



Please indicate on the flowchart by circling the responses which decision route you have taken.
 Final outcome of the decision tree **A** or **B** (please delete as applicable).

Signed..... Print.....
 Date..... Time.....