

HYSBYSIAD I GLEIFION

Darllenwch yr hysbysiad yma yn llawn

1. Oes gennych chi unrhyw symptomau COVID-19 newydd? Gall y rhain gynnwys:
 - Peswch newydd parhaus
 - Colli synnwyr blasu a/neu arogl
 - Tymheredd uchel
2. Ydych chi'n aros am ganlyniadau prawf COVID-19?

Os mai'r ateb i Gwestiwn 1 neu 2 yw oes/ydw, ewch i'r dderbynfa ar unwaith a rhoi gwybod iddynt. Wedyn rhaid i chi fynd adref a dilyn y canllawiau cenedlaethol ar gyfer profi ac ynysu. Nid yw hyn yn berthnasol os ydych chi wedi gorffen y cyfnod ynysu a argymhellir.

3. Ydych chi'n sâl heddiw mewn unrhyw ffordd?
4. Ydych chi wedi cael symptomau haint COVID-19 neu wedi profi'n bositif am COVID-19 yn ystod y 28 diwrnod diwethaf?
5. Ydych chi'n cael ymchwiliad neu oes gennych chi anabledd difrifol neu ydych chi wedi dirywio yn dilyn symptomau COVID-19 estynedig?
6. Ydych chi o dan 18 oed? Ydych chi o dan 40 oed?
7. Oes gennych chi unrhyw alergeddau?
8. Ydych chi wedi cael adwaith anaffylactig heb ei esbonio, neu anaffylactis yn gysylltiedig â sawl meddyginiaeth wahanol?
9. A gawsoch chi frech lympiog yn cosi ar y croen (llosg danadl) ar ôl eich brechiad COVID-19 cyntaf?
10. Ydych chi wedi derbyn unrhyw frechiad yn ystod y 7 diwrnod diwethaf?
11. Oes gennych chi gyflwr neu ydych chi'n derbyn triniaeth sy'n effeithio'n ddifrifol ar eich system imiwnedd?
12. Ydych chi'n feichiog? Allech chi fod yn feichiog? Ydych chi'n bwydo ar y fron?
13. Oes gennych chi anhwylder gwaedu neu a ydych chi'n cymryd unrhyw beth i deneuo'r gwaed?
14. A ydych chi wedi cael platennau isel ar ôl derbyn heparin gyda geuladau gwaed (HITT neu HIT math 2)?
15. A gawsoch ceulad gwaed difrifol (thrombosis) mewn gwythiennau neu rydwelwiau gyda phlatennau isel (thrombocytopenia) ar ôl eich dos cyntaf o'r brechlyn COVID-19?
16. Ydych chi wedi cael thrombosis sinws gwythiennol yr ymennydd (ceulad gwaed yn y gwythiennau yn y pen)?
17. Ydych chi wedi cael syndrom capilari yn gollwng?

Os mai'r ateb i unrhyw gwestiwn yw 'Ydw', mae'n bwysig eich bod yn dweud wrth y nyrs. Os nad ydych chi'n deall unrhyw rai o'r cwestiynau neu os oes gennych chi gwestiwn, plis gofynnwch i'r nyrs. Bydd y nyrs yn dweud wrthydd chi pa frechiad sy'n cael ei ddefnyddio a bydd yn ateb unrhyw gwestiynau sydd gennych chi.

Mae'n rhaid i chi barhau i ddilyn yr holl gyngor lleol neu gyngor y llywodraeth i ddiogelu'r rhai o'ch cwrpas chi, hyd yn oed ar ôl i chi dderbyn brechiad COVID-19. Mae hyn yn cynnwys cadw pellter cymdeithasol, gwisgo masg wyneb a hylendid dwylo.

Nodyn i'r staff: NID yw'r rhestr hon yn rhestr o wrtharwyddion, ei bwrpas yw i dynnu sylw i unigolion sydd angen ystyriaeth agosach neu gyngor penodol.

PATIENT NOTICE

Read all of this notice

1. Do you have any new symptoms of COVID-19? These may include:
 - New continuous cough
 - Loss of taste and/or smell
 - A fever
2. Are you waiting for results from a COVID-19 test?

If the answer to Question 1 or 2 is yes please go immediately to reception and let them know. You must then go home and follow national guidelines for testing and isolation. This does not apply if you have finished the recommended period of isolation.

3. Are you unwell today in any way?
4. Have you had new symptoms of COVID-19 infection or tested positive for COVID-19 in the last 28 days?
5. Are you being investigated or do you have a serious disability or have you had a deterioration following prolonged COVID-19 symptoms?
6. Are you under 18? Are you under 40?
7. Do you have any allergies?
8. Have you ever had an anaphylactic reaction that is unexplained, or anaphylaxis to several different medicines?
9. Did you have a bumpy itchy skin rash (hives) after your first COVID-19 vaccine?
10. Have you received any vaccine in the last 7 days?
11. Do you have a condition or receive treatment that severely affects your immune system?
12. Are you pregnant? Could you be pregnant? Are you breastfeeding?
13. Do you have a bleeding disorder or are you taking any blood thinners?
14. Have you had low platelets after receiving heparin with blood clots (HITT or HIT type 2)?
15. Did you have a serious blood clot (thrombosis) in veins or arteries with low platelets (thrombocytopenia) after your first dose of COVID-19 vaccine?
16. Have you had a cerebral venous sinus thrombosis (blood clot in the veins in the head)?
17. Have you had capillary leak syndrome?

If the answer to any question is 'Yes' it's important you tell the nurse. If you don't understand any of the questions or have a question to ask please ask the nurse. The nurse will tell you which vaccine is being used and will answer any questions you may have.

You must still follow all local or government advice to protect those around you even after you have received a COVID-19 vaccine. This includes social distancing, wearing a face mask and hand hygiene.

Note to staff: This list is NOT a list of contraindications, it is to highlight individuals who need closer consideration or specific advice.