

SGRIPT GLINIGOL

1. A oes gennych unrhyw symptomau newydd COVID-19? A ydych wedi cael symptomau newydd haint COVID-19 neu wedi profi'n positif am COVID-19 yn ystod y 28 diwrnod diwethaf?
2. A ydych yn aros am ganlyniadau prawf COVID-19?
3. A ydych yn sâl heddiw mewn unrhyw ffordd?
4. A ydych yn cael ymchwiliad neu a oes gennych anabledd difrifol neu a ydych wedi dirywio yn dilyn symptomau COVID-19 estynedig?
5. A ydych o dan 12 oed?* A ydych o dan 16 oed? A ydych o dan 40 oed?
(*Os yw o dan 16 oed gwiriwch y caniatâd)
6. A oes gennych unrhyw alergeddau?
7. A ydych erioed wedi cael adwaith anaffylactig heb ei esbonio, neu anaffylactis yn gysylltiedig â sawl meddyginiaeth wahanol? A ydych erioed wedi cael adwaith anaffylactig i frechlyn y ffliw neu frechlyn COVID-19? A ydych erioed wedi cael adwaith anaffylactig i wyau a oedd angen triniaeth gofal dwys (ffliw)?
8. A gawsoch chi frech lympiog yn cosi ar y croen (llosg danadl) ar ôl eich brechlyn COVID-19 cyntaf?
9. A ydych wedi cael brechlyn ffliw ers mis Medi 2021?
10. A ydych eisoes wedi cael brechlyn COVID-19? (os do gwiriwch hyd y bwlch ers cael y brechlyn)
11. A ydych wedi cael brechlyn yr eryr yn y 7 diwrnod diwethaf?
12. A oes gennych gyflwr neu a ydych yn derbyn triniaeth sy'n effeithio'n ddifrifol ar eich system imiwedd?
13. A ydych yn feichiog? A allech chi fod yn feichiog? A ydych yn bwydo ar y fron?
14. A oes gennych anhwylder gwaedu neu a ydych yn cymryd unrhyw beth i deneuo'r gwaed?
15. A ydych wedi cael platennau isel ar ôl derbyn heparin gyda chlotiau gwaed (HITT neu HIT math 2)?
16. A gawsoch glot gwaed difrifol (thrombosis) mewn gwythiennau neu rydwelïau gyda phlatennau isel (thrombositopenia) ar ôl eich dos cyntaf o'r brechlyn COVID-19?
17. A ydych wedi cael myocarditis neu bericarditis ar ôl dos o frechlyn COVID-19 Pfizer neu Moderna?
18. A ydych wedi cael syndrom capilari yn gollwng?
19. **(Plant a phobl ifanc yn unig)** A ydych wedi datblygu Syndrom Lliidiol Aml-system Pediatrig (PIMS-TS neu PIMS) ar ôl haint COVID-19? Os do, a oedd hyn yn ystod y 3 mis diwethaf?

Rhowch wybod i'r unigolyn: Rhaid i chi barhau i ddilyn yr holl gyngor lleol neu gyngor y llywodraeth i ddiogelu'r rhai o'ch cwmpas, hyd yn oed ar ôl i chi gael brechiad COVID-19 neu frechiad rhag y ffliw.

Nodyn i'r staff: NID yw'r rhestr hon yn rhestr o wrtharwyddion, ei diben yw tynnu sylw at unigolion sydd angen ystyriaeth fanylach neu gyngor penodol.

CLINICAL SCRIPT

1. Do you have any new symptoms of COVID-19? Have you had new symptoms of COVID-19 infection or tested positive for COVID-19 in the last 28 days?
2. Are you waiting for results from a COVID-19 test?
3. Are you unwell today in any way?
4. Are you being investigated or do you have a serious disability or have you had a deterioration following prolonged COVID-19 symptoms?
5. Are you under 12? * Are you under 16? * Are you under 40?
(*If under 16 check consent)
6. Do you have any allergies?
7. Have you ever had an anaphylactic reaction that is unexplained, or anaphylaxis to several different medicines? Have you had an anaphylactic reaction to a flu or COVID-19 vaccine? Have you ever had an anaphylactic reaction to egg that required intensive care treatment (flu)?
8. Did you have a bumpy itchy skin rash (hives) after your first COVID-19 vaccine?
9. Have you received a flu vaccine since September 2021)?
10. Have you already received COVID-19 vaccine? (if yes check interval)
11. Have you received a shingles vaccine in the last 7 days?
12. Do you have a condition or receive treatment that severely affects your immune system?
13. Are you pregnant? Could you be pregnant? Are you breastfeeding?
14. Do you have a bleeding disorder or are you taking any blood thinners?
15. Have you had low platelets after receiving heparin with blood clots (HITT or HIT type 2)?
16. Did you have a serious blood clot (thrombosis) in veins or arteries with low platelets (thrombocytopenia) after a dose of COVID-19 vaccine?
17. Have you had myocarditis or pericarditis after a dose of Pfizer or Moderna COVID-19 vaccine?
18. Have you ever had capillary leak syndrome?
19. **(Children and young people only)** Have you developed Paediatric Multisystem Inflammatory Syndrome (PIMS-TS or PIMS) after COVID-19 infection? If yes, was this in the last 3 months?

Please advise the individual: You must still follow all local or government advice to protect those around you even after you have received a COVID-19 or flu vaccine.

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