



COVID 19 Student Screening Questionnaire

Name:		Surname:		
Contact No:		ID:		
Parent:		Contact No:		
I hereby declare the following:			Yes	No
1	Have you travelled in the last 21 days?			
	If yes where to?			
2	Have you been exposed to someone who has the COVID 19 virus?			
3	Have you experienced any of the following symptoms recently?			
a	Cough			
b	Sore throat			
c	Shortness of breath			
d	Fever >37.3°C (Measured)			
e	Fever or history of fever (Subjective) over the past 21 days			
4	Have you attended a health care facility where patients with COVID 19 infections are being treated?			
5	Have you been hospitalised recently with severe pneumonia?			
6	Do you currently have flu like symptoms?			

To help limit the spread of infection, should you have answered yes to any of the above questions, we unfortunately cannot permit entry into the school and require that you seek medical advice. You will need to present an all clear letter from the medical practitioner prior to re-admission into the school.

Please note the following:

- We have a no handshake / hugging policy in place in order to mitigate the spread.
- Compulsory screening process – Complete the register and have your thermal temperature measured and recorded prior to entering the premises each day.
- Wash hands regularly and use the compulsory hand sanitizers throughout the school.
- Wearing a cloth mask is compulsory at all times.
- The attendance register must be completed on entrance and exit daily.
- Physical distancing will be adhered to throughout the day.

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion and should the information change at any point I will inform the school representative.

I further undertake to inform the school should I, or anyone I have been in contact with, be diagnosed with COVID 19 in order to facilitate contact tracing.

Your cooperation is appreciated.

Full name student:		Sign:		Date:	
Full name Parent:		Sign:		Date:	
Company Representative:		Sign:		Date:	