

**COVID-19 SCREENING TOOL**

Daily screening for symptoms related with COVID-19. To be completed by everyone entering the premises of FS Department of Social Development.									
Screening Date:	Office:				Town:				
Name & Surname:	Gender:	Non-conforming	M	F	Race:	A	C	W	Asian
Cell number:	Disability: Yes/ No				Physical address:				
	ID no/ Persal:								
	Occupation:								
	Dept./ Company Name:								
Exposure and Symptoms History									
Have you been outside the FS Province during lock down period? If yes state where _____					Yes	No			
Have you had contact with anyone with confirmed COVID-19 in the last 14 days?					Yes	No			
Have you had any of these symptoms in the last 14 days?									
• Fever/Chills					Yes	No			
• Cough					Yes	No			
• Sore throat					Yes	No			
• Shortness of breath/Difficult in breathing					Yes	No			
• Body aches/Muscle pain					Yes	No			
• Loss of smell or loss of taste					Yes	No			
• Nausea/vomiting/diarrhoea					Yes	No			
• Fatigue/weakness					Yes	No			
• Repeated shaking with chills					Yes	No			
• Headache					Yes	No			
• Redness of eyes					Yes	No			
Are you currently experiencing fever, difficulty breathing or cough?					Yes	No			
Visitors/ Clients:		Diabetes	Hyper-tension	Heart Condition	Asthmatic				
If you are over the age of 60 , indicate if you suffer from any of the following:		Yes/ No	Yes/ No	Yes/ No	Yes/ No				

Sign: _____

date: _____

FS COVID-19 HOTLINE 0800 535 554

covid-19.dsd@fssocdev.gov.za

WHATSAPP SUPPORT: 0600 123 456 EMERGENCY NO: 0800 029 999

sacoronavirus.co.za