

# CORONAVIRUS

## COVID-19

### PRE-SCREENING HEALTH QUESTIONNAIRE FOR COVID-19

Dear valued visitor

In our endeavour to fulfil our obligation to assist the country, and the world, in managing the protection of our clients and our employees against the COVID-19 pandemic, please kindly complete the questionnaire below and return the completed questionnaire to the issuer.

PLEASE answer truthfully. It is the very important responsibility of everyone to ensure all necessary steps are taken to assist in any way to reduce the spread of COVID-19.

PLEASE REMEMBER TO WASH AND SANITISE YOUR HANDS UPON ENTRY TO THE FACILITY AND AFTER EVERY TIME YOU TOUCH YOUR FACE. ASK FOR THE NECESSARY FACILITIES IF THEY ARE NOT OBVIOUSLY POSITIONED.

PLEASE CAREFULLY READ AND ANSWER THE FOLLOWING QUESTIONS:

No	Question	Answer	
1	Other than South Africa, have you recently travelled, within the last month, to any of the countries affected by COVID-19? Please visit the following URL to see which countries are at risk. <a href="http://www.nicd.ac.za/diseases-a-z-index/covid-19/daily-updates-of-countries/">http://www.nicd.ac.za/diseases-a-z-index/covid-19/daily-updates-of-countries/</a>	yes	no
2	Have you been in personal contact with anyone that has travelled to any of the high-risk countries as above?	yes	no
3	Are you a person under health investigation by the DoH or NICD?	yes	no
	Have you experienced any of the following symptoms?:		
	1. Tightness of chest	yes	no
	2. Shortness of breath	yes	no
	3. Persistent dry coughing	yes	no
	4. A persistent fever of 38 degrees Celsius or more	yes	no
4	To your knowledge, have you been in close contact with anyone having any of the above symptoms?	yes	no
5	Have you tested positive for COVID-19 in the past? <b>If yes, you will need to produce a medical certificate confirming you do NOT have any active infection of COVID-19.</b>	yes	no

PLEASE NOTE: The issuer, on behalf of the establishment's management, will reserve the right to deny access to any persons, should the issuer suspect any of the above questions to have been answered untruthfully.

We thank you for your cooperation.

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Signature of Visitor

.....  
Name of Visitor

.....  
DATE

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APPROVAL: NOT GRANTED / GRANTED

