



School Screening Questionnaire

This form is for the screening of learners. You will receive a new form at the end of each week which must be filled in and returned to school with your daughter, on her first day back every week.

If your daughter returns to school without this form, you will be contacted to collect her. If your daughter exhibits any of these symptoms, please DO NOT send her to school. Keep her at home and contact your GP.

Date:		
Name:		
	Yes	No
Does your daughter have a high temperature?		
Does your daughter have a cough?		
Does your daughter have a sore throat?		
Does your daughter have difficulty breathing (shortness of breath)?		
Is your daughter smelling and tasting normally?		
Has your daughter experienced any diarrhoea or vomiting?		
Did your daughter receive 2 cloth face masks issued by the Department of Basic Education?		
Have you (parent/care giver) read and understood the Standard Operating Procedures for Screening and Isolation on the school web page?		

Parent Name _____

Contact Number _____

Signature _____