

**SCREENING TOOL FOR COVID -19**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff or Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff / Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If appointed as Essential Staff then please indicate for which University entity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please conduct a daily self-screening assessment as per the criteria mentioned in the below table**:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **CONDITION / SYMPTOM** | **YES** | **NO** |
| **A** | **SYMPTOM CHECK** |  |  |
| **1** | Are you suffering from fever / high temperature or temperature fluctuations? |  |  |
| **2** | Do you have a dry cough? |  |  |
| **3** | Do you have a sore throat? |  |  |
| **4** | Do you have redness of eyes? |  |  |
| **5** | Do you experience shortness of breath / difficulty in breathing? |  |  |
| **6** | Have you got unusual body aches / muscle pain? |  |  |
| **7** | Do you experience a loss of smell / taste? |  |  |
| **8** | Are you nauseous and/or do you experience unusual vomiting? |  |  |
| **9** | Have you got diarrhoea? |  |  |
| **10** | Do you suffer from fatigue / physical weakness / tiredness? |  |  |
| **B** | **CONTACT / EXPOSURE RISK** |  |  |
| **1** | Have you been exposed to someone diagnosed with Covid-19 or had recent contact with someone who is self-isolating whilst waiting for a Covid-19 test result? |  |  |
| **2** | Have you been in quarantine / self-isolation for the past 14 days?  |  |  |
| **C** | **OTHER RISK FACTORS** |  |  |
| **1** | Do you suffer from any pre-existing medical condition / chronic illness that may have compromised your immune system, i.e. respiratory disease, diabetes, heart disease, or any other chronic illness that could compromise one’s immune system?  |  |  |
| **2** | Are you 65 years of age or older? |  |  |

* Please complete this daily self-screening questionnaire before leaving home / residence and before coming onto Campus. **NB:** Persons are not permitted onto Campus if screening has not been done.
* If any symptoms mentioned in questions **A1** to **A10** are experienced then:
* Don’t attempt to enter the University.
* Consult your Healthcare Worker to find out if testing / self-quarantine will be necessary.
* Urgently notify your Supervisor/ relevant Manager / HoS if you cannot come to Campus.
* If you reside on Campus then remain in your room, seek advice telephonically from relevant CHRL staff and follow the CHRL protocols on notification / quarantining.
* You may only enter the University if you have been cleared by your Healthcare Worker.
* If you experience any symptoms mentioned in questions **A1** to **A10** then this does not mean that you definitely have Covid-19. This screening questionnaire is used as precautionary indicator to establish whether you should be quarantined and if tests are required to make a definite diagnosis.
* Notify Campus Health & Wellness Centre ASAP if your status in Sections **A** or **B** changes at any time.
* If you answered “**YES**” to any of the questions in **B1, B2**, **C1** and **C2** (but have none of the symptoms mentioned in **A1** to **A10**), then this does not mean that you will not be permitted entry onto Campus (a decision may be necessary whether your response requires any further intervention).
* If you are tested positive for Covid-19 isolate for 14 days. Follow your Healthcare Worker’s advice.

I hereby attest that the information provided above is a true reflection of my screening results.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_