  
Department of Health Covid19 24-Hour Hotline Number: 0800 029 999 and WhatsApp number: 0600 12 3456

**DAILY COVID -19 SYMPTOM SCREENING ASSESSMENT *(updated 2022-03-03)***

Please complete this daily self-screening questionnaire before leaving home and before coming onto Campus. **NB:** Persons are not permitted onto Campus if the below screening has not been done.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee** |  | **Student** |  | **Contractor** |  | **Service Provider** |  | **Supplier** | |  | **Visitor** |  |
| **Full Name(s) and Signature:** | | | | | |  | | |  | | | |
| **Staff / Student Number (if Employee or Student):** | | | | | |  | | | | | | |
| **From which University entity / division / school (if an Employee or Student):** | | | | | |  | | | | | | |
| **Company name (if a Contractor, Service Provider or Supplier):** | | | | | |  | | | | | | |
| **Cellphone Number:** | | | | | |  | | | | **Click or tap to enter a date.** | | |

**I hereby attest that the information provided in the below checklist is a true reflection of my screening results.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **CONDITION / SYMPTOM** | **RESPONSE** | |
| **A** | **Symptom Check (Please select the relevant response in the yes / no column)** |  |  |
| **1** | Are you currently experiencing any of the common symptoms of COVID-19? | **YES** | **NO** |
| **B** | **Test Outcome (Please select the relevant response in the yes / no column)** |  |  |
| **1** | * + - 1. Have you tested positive for COVID-19 in the past 7 days, with or without symptoms? | **YES** | **NO** |

* If you answer YES to Question 1 *[You have COVID-19 symptoms]*, **you are not to enter campus** and monitor your symptoms. If your symptoms improve; return to campus, bring sick note as required by Faculty/Line Manager. If your symptoms don’t improve; take a COVID-19 PCR test or Antigen test:
  + If you test positive; start isolation for 7 days from symptom onset (per Government Regulations 31 January 2022)
  + If you test negative; seek medical advice for other illness. If healthy, return to campus with sick note as required by Faculty/Line Manager
* If you answer YES to Question 2 *[You have tested positive for COVID-19, with our without symptoms]*, **you are not enter campus.**
* If you have tested positive with symptoms**,** **do not enter campus;** start isolation for 7 days (per Government Regulations for Isolation as 31 January 2022)
  + You should monitor for worsening of symptoms, follow medical advice for any changes to symptoms. Return to campus only after 7 days, even if you feel better. Bring sick note as required by Faculty/Line Manager
  + If you consulted a healthcare provider and have moderate or severe COVID-19 illness, you will need to provide a Medical Evaluation to Sister Maggie on day 7 of isolation to return to campus. Send Medical Certificate to [anna.moloi@wits.ac.za,](mailto:anna.moloi@wits.ac.za) or call Campus Health and Wellness Ctr at 011-717-9113 or 9111.
* If you have tested positive with NO symptoms; **do not enter campus;** avoid social gatherings for 5 days (per NDOH Regulations as of 17 February 2022)
  + Monitor for any developing symptoms, follow medical advice. Return to campus only after 5 days. Bring absence note as required by Faculty/Line Manager
* If you answer NO to Question 1 or Question 2 *[No symptoms, not test positive]*, you can enter campus. This includes any person who was in close contact with someone who tests positive for COVID-19. (per Government Regulations 31 January 2022). You can come to campus – follow COVID-19 Protocols for 1M+2V+3Ss.

***Version 5 as of 2022-03-03.SS***