

DAILY COVID -19 SYMPTOM SCREENING ASSESSMENT

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	<input type="checkbox"/>	Student	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
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 suffering from fever / high temperature or have temperature fluctuations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Do you have a dry cough?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Do you have a sore throat?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Do you have redness of eyes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Do you experience shortness of breath / difficulty in breathing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Have you got unusual body aches / muscle pain?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	Do you experience a loss of smell / taste?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	Are you nausea and/or do you experience unusual vomiting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	Have you got diarrhea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	Do you suffer from fatigue / physical weakness / tiredness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B	Contact / Exposure Risk (Please select the relevant response in the yes / no column)		
1	In the past 10 days have you tested positive for COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	In the past 10 days were you exposed* to someone who is positively diagnosed with COVID-19, or to someone who is in quarantine / self-isolation for COVID-19? * Exposed in family or community setting is spending >15 minutes in infected person's company <u>AND</u> being <1.5m apart <u>AND</u> not wearing a face mask. * Exposed in clinical setting is not wearing proper PPE, or PPE failure <u>AND</u> spending >15 minutes in infected person's company <u>AND</u> being <1.5m apart.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C	Other Risk Factors (Please select the relevant response in the yes / no column)		
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Are you 60 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- If you answered "YES" to any of the questions mentioned in questions **A1** to **A10** and **B1** & **B2** then:
 - i). Don't attempt to enter Campus.
 - ii). Consult your Healthcare Worker to seek advice.
 - iii). Urgently notify your Supervisor / Manager / HoS / Course Coordinator if you cannot come onto Campus.
 - iv). If you reside on Campus then remain in your room, seek advice telephonically from relevant CHRL staff and follow the CHRL COVID-19 protocols.
 - v). Only enter Campus again if cleared by a 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. Tests may be required for a definite diagnosis to be made.
- If you answered "YES" to any of the questions in **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 from CHWC whether your responses require any further intervention).
- Notify Campus Health & Wellness Centre **ASAP** if your status in Sections **A**, **B** or **C** changes at any time.