

**LAERSKOOL NELLIE SWART**  
**Daily Health Control Sheet for Learners**



This daily control sheet must be completed and signed by the parent.  
The learner has to hand the signed form in daily on arrival at school where temperature screening will take place.

<b>Date</b>	____/____/2020		
Name and Surname			
Grade and class			
ID Number			
Parent Contact number			
Home address			
Type of transport	Own	Learner Transport	Public
<b>Symptoms: Indicate with X in the relevant YES/NO column</b>			
	YES	NO	
Shortness of breath			Nausea
Coughing			Vomiting
Sore throat			Diarrhoea
Body aches			Loss of smell
Red eyes			Loss of taste
<b>Name of Parent</b>		<b>Signature</b>	
Temperature at school		°C	If temperature >37.8°C - refer to isolation
<b>Name of screener</b>		<b>Signature</b>	
<b>Outcome</b>			
Entry approved			
Refer to isolation		Repeat temperature	°C
Proceed to classroom		Contact Parent	

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