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.



Date		/2020				
Name and Surname						
Name and Sumame						
Grade and class						
ID Number						
Parent Contact number						
Home address						
Type of transport	ransport Own		Learner Transport	Public	Public	
,, ,				•		
Symptoms: Indicate with)	X in the releva	ant YES/NO	O column			
	YES	NO	7	YES	NO	
Shortness of breath	YES	NO	Nausea	YES	NO	
	YES	NO	Nausea Vomiting	YES	NO	
Coughing	YES	NO	-	YES	NO	
Coughing Sore throat	YES	NO	Vomiting	YES	NO	
Coughing Sore throat Body aches	YES	NO	Vomiting Diarrhoea	YES	NO	
Shortness of breath Coughing Sore throat Body aches Red eyes Name of Parent	YES	NO	Vomiting Diarrhoea Loss of smell	YES	NO	
Coughing Sore throat Body aches Red eyes	YES	NO	Vomiting Diarrhoea Loss of smell Loss of taste	YES	NO	
Coughing Sore throat Body aches Red eyes	YES	NO OC	Vomiting Diarrhoea Loss of smell Loss of taste			
Coughing Sore throat Body aches Red eyes Name of Parent	YES		Vomiting Diarrhoea Loss of smell Loss of taste Signature			
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener	YES		Vomiting Diarrhoea Loss of smell Loss of taste Signature If temperature >37.8°C -			
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener Outcome	YES		Vomiting Diarrhoea Loss of smell Loss of taste Signature If temperature >37.8°C -			
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener Outcome	YES		Vomiting Diarrhoea Loss of smell Loss of taste Signature If temperature >37.8°C -		tion	
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school	YES		Vomiting Diarrhoea Loss of smell Loss of taste Signature If temperature >37.8°C -			

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Date		/2020			ZNVA	
Name and Surname						
Grade and class						
ID Number						
Parent Contact number						
Home address						
Type of transport	Own		Learner Transport		Public	
Symptoms: Indicate with)			O column		1470	
	YES	NO			YES	NO
Shortness of breath			Nause			
Coughing			Vomit	ing		
Coughing Sore throat			Vomit Diarrh	ing oea		
Coughing Sore throat Body aches			Vomit Diarrh Loss o	ing oea f smell		
Coughing Sore throat			Vomit Diarrh Loss o	ing oea		
Coughing Sore throat Body aches Red eyes		°C	Vomit Diarrh Loss o Loss o	oea f smell f taste	fer to isola	tion
Coughing Sore throat Body aches Red eyes Name of Parent		°C	Vomit Diarrh Loss o Loss o Signature	oea f smell f taste	efer to isola	tion
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener Outcome		°C	Vomit Diarrh Loss o Loss o Signature If temperature >3	oea f smell f taste	efer to isola	tion
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener Outcome Entry approved		°C	Vomit Diarrh Loss o Loss o Signature If temperature >3 Signature	oea f smell f taste	efer to isola	
Coughing Sore throat Body aches Red eyes Name of Parent Temperature at school Name of screener Outcome		°C	Vomit Diarrh Loss o Loss o Signature If temperature >3	oea f smell f taste	fer to isola	tion