

# HEALTHCARE QUESTIONNAIRE

Child's Name and Surname: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Have you or anyone in your family travelled outside of the borders of South Africa for any reason within the last 14 days? If YES, please specify and give details \_\_\_\_\_

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- 2) Have you or anyone in your family been exposed to someone with COVID-19. If yes, please provide details: who the person was, when you had contact, was self-isolation observed, etc.

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- 3) Does your child have any underlying conditions e.g. Asthma, Diabetes, Chronic Obstructive Pulmonary Disorder, any other respiratory conditions, any other comorbidities which would contribute to a weakened immune system, etc. If yes, please provide details.

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- 4) Has your child been ill in the last 14 days, with anything resulting in high fevers, sore throat, fatigue, chest pain? If yes, please provide dates of illness, diagnosis and treatment.

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By completing this questionnaire, you confirm all the information provided is true and accurate. We are committed to safety of our staff and students. Should you have answered yes, the school will contact you to discuss further.

Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

