



Weekly Screening Questionnaire – ECD Parents & Screener to complete

WEEKLY LEARNER SCREENING QUESTIONNAIRE	
NAME OF SCREENER:	
CONTACT NUMBER:	012 335 0539
DATE OF SCREENING:	
TEMPERATURE:	°C

PARTIAL CARE CENTER INFORMATION	
NAME OF WORKPLACE:	Blommeland Nursery school & creche
ADDRESS OF WORKPLACE:	542 Begemann street
TOWN/CITY:	Eloffsdal X3
STREET CODE:	0084

LEARNERS INFORMATION	
NAME & SURNAME:	
SEX/GENDER:	
ID NUMBER:	
CLASS ALLOCATION:	

PARENTS INFORMATION	
PARENT / GUARDIAN:	
CELL NUMBER:	
EMERGENCY CONTACT:	
EMERGENCY CELL:	

PHYSICAL HOME ADDRESS OF LEARNER	
NR.	
STREET NAME:	
TOWN/CITY:	
STREET CODE:	

CURRENT SIGNS AND SYMPTOMS - (Mark with an X)		
SIGNS & SYMPTOMS	YES	NO
1. Fever		
2. Cough		
3. Shortness of breath		
4. Sore throat		
5. Muscle pain		
6. Loss of taste & Smell		
7. Runny tummy		
8. Rashes		

COVID RELATED QUESTIONS (Write Yes or No and Specify)	
1. Have you travelled outside the Province or had contact with an international traveller in the past 4 weeks	
2. Have you been in contact with a positive Covid-19 case	
3. Have you attended a mass gathering/church	

Children who answer YES to these questions should please remain at home