

Screening Questionnaire for Employees where a Colleague tested positive for COVID-19

We are committed to preventing and managing all health and safety risks at our workplace and in the context of the COVID-19 disease we have a strict return to work policy and protocol. This is in line with various statutory regulations under the Disaster Management Act and its accompanying regulations. An employee may only return to work once this questionnaire has been completed and entry has been approved.

Answer and/ or respond to each of these questions accurately and truthfully.		Yes	NO
1)	Have you in the past 7 days or are you currently experiencing any of the following symptoms:		
	• Fever (37,5 degrees or higher);		
	• Coughing;		
	• Difficulty breathing or shortness of breath;		
	• Sore throat or Chills;		
	• Body aches, including headaches;		
	• Nausea, diarrhoea, or vomiting;		
	• Loss of taste of smell and		
	• Other similar symptoms.		
The following questions also must be answered by either a Yes or a No response:			
2)	Have you in the past 10 days been within one metre of a confirmed case of Covid-19 for more than 15 minutes without personal protective equipment (PPE) where you could have come into direct contact with droplets from the Covid-19 patient's nose or mouth?		
3)	Have you in the past 10 days been more than one metre away from a confirmed case of Covid-19 for less than 15 minutes?		
4)	Have you been within one metre of a confirmed case of Covid-19 for less than 15 minutes, but you were wearing PPE to cover your mouth, nose and/or eyes?		
5)	Have you tested positive for COVID-19 in the past 10 days?		
6)	In the past 10 days have you travelled outside the municipal or provincial borders or have you been on a flight outside of South Africa or travelled outside of South Africa?		
7)	Is there any reason that you feel makes you a high-risk individual for contracting COVID-19 and if yes, discuss with the business representative the way forward to ensure your health and safety?		
Name			
Surname			
ID Number			

I, _____ warrant that the above information is true and accurate to the best of my knowledge.

Signed: _____

Date: _____

Access to workplace	Approved – No or Low Risk		Denied – High Risk:	
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Management