



Weekly Screening Questionnaire – ECD Parents & Screener to complete

WEEKLY LEARNER SCREENING QUESTIONNAIRE	
NAME OF SCREENER:	Staff at Exclusive Kids / Educato
CONTACT NUMBER:	0829254536
DATE OF SCREENING:	TO BE COMPLETED AT SCHOOL
TEMPERATURE:	°C TO BE COMPLETED AT SCHOOL

PARTIAL CARE CENTER INFORMATION	
NAME OF WORKPLACE:	Exclusive Kids Academy Preschool / Educato Primary School
ADDRESS OF WORKPLACE:	530 3 rd Road Montana
TOWN/CITY:	Pretoria
STREET CODE:	530

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		

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

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	Specify
2. Have you been in contact with a positive Covid-19 case	
3. Have you attended a mass gathering/church	