



Lomagundi College Basic Screening Questionnaire for the Covid-19 Virus

Please complete the questions below as truthfully as you can be.

Name:

Contact Number:

1. Have you travelled outside Zimbabwe in the last 20 days?
 - Yes**
 - No**

2. If yes which country have you travelled to?.....

3. Are you feeling unwell, coughing sneezing? Do you have a high fever of late or are you having difficulty breathing?
 - Yes**
 - No**

4. Have you recently spent time in large or crowded places?
 - Yes**
 - No**

5. Have you suffered from any of the following?

| | SYMPTOM | YES | NO |
|----|--------------------------|------------|-----------|
| a) | Fever (high temperature) | | |
| b) | Cough | | |
| c) | Difficulty in breathing | | |
| d) | Flu like symptoms | | |

6. Have you been in close contact or are you staying in the same household with someone with any of the above symptoms?

- Yes**
- No**

7. Have you recently been in contact with a suspected, confirmed case or probable case of the Covid -19 infection?

- Yes**
- No**

8. Have you been screened for the infection recently? If so, what were your results? *Please tick.*

- Positive**
- Negative**
- I have not been tested**

(You are required to submit proof of the testing and results). I have submitted proof of my testing and results:

- Yes**
- No**

9. Have you previously suffered and recovered from the Covid -19 infection?

- Yes**
- No**

Declaration

I hereby confirm that I have given true and accurate information with regards to Corona Virus screening for Lomagundi College. I agree to abide by the Safety Precautions relating to the Covid-19 Virus which were explained to me.

Signature:

Date: