**DEPARTMENT OF SOCIAL DEVELOPMENT**

**Weekly Screening Questionnaire – ECD Parents & Screener to complete**

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| **WEEKLY LEARNER SCREENING QUESTIONNAIRE** | |
| NAME OF SCREENER: |  |
| CONTACT NUMBER: |  |
| DATE OF SCREENING: |  |
| TEMPERATURE: | °C |

|  |  |
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| **PARTIAL CARE CENTER INFORMATION** | |
| NAME OF WORKPLACE: | UNITED PLAYCENTRE |
| ADDRESS OF WORKPLACE: | 3 GATLEY ROAD, RONDEBOSCH |
| TOWN/CITY: | CAPE TOWN |
| STREET CODE: | 7700 |

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| **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: |  |

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| **CURRENT SIGNS AND SYMPTOMS - ( Mark with an X )** | | |
| **SIGNS & SYMPTOMS** | **YES** | **NO** |
| 1. Fever |  |  |
| 1. Cough |  |  |
| 1. Shortness of breath |  |  |
| 1. Sore throat |  |  |
| 1. Muscle pain |  |  |
| 1. Loss of taste & Smell |  |  |
| 1. Runny tummy |  |  |
| 1. Rashes |  |  |

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| **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 |  |
| 1. Have you been in contact with a positive Covid-19 case |  |
| 1. Have you attended a mass gathering/church |  |
| **Children who answer YES to these questions should please remain at home** | |