

Department of Health Covid19 24-Hour Hotline Number: 0800 029 999 and WhatsApp number: 0600 12 3456

### DAILY COVID -19 SYMPTOM SCREENING ASSESSMENT

Please complete this daily self-screening questionnaire before leaving home and before coming onto Campus.

**NB:** Persons are not permitted onto Campus if the below screening has not been done.

Date:	
Name of Visitor:	
Cell Phone Number:	
Please specify which University entity you will be visiting:	WITS PLANETARIUM

**I hereby attest that the information provided in the below checklist is a true reflection of my screening results.**

No.	CONDITION / SYMPTOM	RESPONSE	
<b>A</b>	<b>Symptom Check (Please select the relevant response in the yes / no column)</b>		
1	Are you suffering from any of these symptoms: fever, dry cough, sore throat, red eyes, difficulty breathing, loss of smell or taste?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Are you suffering from any of these symptoms: unusual body aches, fatigue, weakness, tiredness, nauseous, vomiting and/or diarrhoea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>B</b>	<b>Contact / Exposure Risk (Please select the relevant response in the yes / no column)</b>		
1	In the past 10 days have you tested positive for COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	In the past 10 days were you exposed* to someone who is positively diagnosed with COVID-19, or to someone who is in quarantine / self-isolation for COVID-19? <i>* Exposed in family or community setting is spending &gt;15 minutes in infected person's company AND being &lt;1.5m apart AND not wearing a face mask. Regardless of COVID-19 vaccination status. * Exposed in clinical setting is not wearing proper PPE, or PPE failure AND spending &gt;15 minutes in infected person's company AND being &lt;1.5m apart.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>C</b>	<b>Other Risk Factors (Please select the relevant response in the yes / no column)</b>		
1	Do you suffer from any pre-existing medical condition / chronic illness that may have compromised your immune system, i.e. respiratory disease, diabetes, heart disease, or any other chronic illness that could compromise one's immune system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Are you 60 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "YES" to any of the questions mentioned in questions **A1, A2, B1** or **B2** then:

- i).** Don't attempt to enter Campus. **ii).** Consult your Healthcare Worker to seek advice. **iii).** Urgently notify your Supervisor / Manager / HoS / Course Coordinator if you cannot come onto Campus. **iv).** If you reside on Campus then remain in your room, seek advice telephonically from relevant CHRL staff and follow the CHRL COVID-19 protocols. **v).** Only enter Campus again if cleared by a Healthcare Worker.
- If you experience any symptoms mentioned in questions **A1** to **A2** then this does not mean that you definitely have COVID-19. This screening questionnaire is used as precautionary indicator to establish whether you should be quarantined. Tests may be required for a definite diagnosis to be made.
- If you answered "YES" to any of the questions in **C1** and **C2** (but have none of the symptoms mentioned in **A1** to **A2**), then this does not mean that you will not be permitted entry onto Campus (a decision may be necessary from CHWC whether your responses require any further intervention).
- Notify Campus Health & Wellness Centre **ASAP** if your status in Sections **A, B** or **C** changes at any time.
- Please read the Wits COVID-19 Handbook on Ulwazi or the Wits COVID-19 Portal webpage for further information.