



Weekly Screening Questionnaire – Parents to complete

WEEKLY LEARNER SCREENING QUESTIONNAIRE	
NAME OF PARENT:	
CONTACT NUMBER:	
DATE OF SCREENING:	
TEMPERATURE:	°C (TIC TOC WILL TAKE TEMPERATURE)

PARTIAL CARE CENTER INFORMATION	
NAME OF WORKPLACE:	Tic Toc Nursery School
ADDRESS OF WORKPLACE:	4 1 st Avenue
TOWN/CITY:	Lambton, Germiston
STREET CODE:	1401

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		

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

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