

ANNEXURE A

SCREENING QUESTIONNAIRE

Please answer the questions below and sign at the appropriate space:

Do not enter the premises if any of the answers are positive.

1. Can you confirm that you will comply with all the protocols implemented by Eleos? _____
2. Are you displaying any of the following symptoms?
 - 2.1 Fever _____
 - 2.2 Dizziness _____
 - 2.3 Fatigue _____
 - 2.4 Blue lips _____
 - 2.5 Dry cough _____
 - 2.6 Flu-like symptoms _____
 - 2.7 Breathing problems _____
 - 2.8 Loss of smell and taste _____
3. Have you been in contact with anyone who has tested positive for COVID-19? _____
4. Have you been tested for COVID-19 in the past 14 days? _____
5. Was the result of the test positive? _____
6. Have you been in isolation or quarantined in the past 14 days?

7. What is your current temperature? _____
8. Are you 60 years and older? _____
9. Do you have any family member that you live with that has a compromised immune system? _____

SIGNATURE

DATE