

	<b>WESTCOTT PRIMARY SCHOOL</b>	DOCUMENT: WPS 1044
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	<b>SUBJECT: COVID-19 SCREENING CHECKLIST</b>	ISSUE DATE: 26.06.2020
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**SCREENING CHECKLIST FOR VISITORS AND EMPLOYEES**

<b>Date:</b>	
<b>First name:</b>	
<b>Surname:</b>	
<b>Persal number (if applicable):</b>	
<b>Identity number:</b>	

**Do you have any of the following symptoms?**

Fever (above 38°C)	YES	NO
Cough	YES	NO
Shortness of breath	YES	NO
Sore throat	YES	NO
Loss of taste or smell	YES	NO
None (v)		
Check the temperature and record the result	AM:      °C	PM:      °C
Have you had DIRECT CONTACT with someone known to have contracted the Corona Virus (COVID-19) in the last 14 days?	YES	NO

**REMEMBER TO:**

- 1. WASH YOUR HANDS OFTEN FOR AT LEAST 20 SECONDS WITH SOAP AND WATER**
- 2. NOT TOUCH YOUR FACE WITH UNWASHED HANDS**
- 3. COUGH OR SNEEZE INTO A TISSUE OR YOUR ELBOW**
- 4. KEEP A DISTANCE OF 1.5m APART**
- 5. STAY AT HOME IF UNWELL**