

To be completed and emailed to sue@hugsandkisses.co.za before returning to school.
This will need to be completed and emailed every Sunday.



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Weekly Screening Questionnaire – ECD Parents & Screener to complete

WEEKLY LEARNER SCREENING QUESTIONNAIRE

| PARTIAL CARE CENTER INFORMATION | |
|---------------------------------|------------------------------------|
| NAME OF SCHOOL: | Hugs & Kisses Educare Centre |
| ADDRESS OF SCHOOL: | 11 Mirwani Rd, Sunninghill Gardens |
| TOWN/CITY: | Sandton |
| STREET CODE: | 2191 |

| 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: | |

| TEMPERATURE OF LEARNER WHEN COMPLETING FORM | | | |
|---|--|----------------|----|
| NAME OF SCREENER | | CONTACT NUMBER | |
| DATE OF SCREENING | | TEMPERATURE | °C |

| 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