

COVID-19 DAILY MONITORING FORM

MONTH

NAME OF INDIVIDUAL

PROPERTY NUMBER

VENUE

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | E.G. | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|---------|
| Symptoms: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fever / Temp °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37.5 °C |
| Coughing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X |
| Sore throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X |
| Difficulty breathing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X |
| Body ache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X |
| Diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | √ |
| Confirmed Contact (with COVID-19 case?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| Initials of screener | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | J.S.R. |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|

Note:

√ = Yes X = No

If an individual has a temperature 38 °C higher, they must please contact a medical practitioner immediately.

If an individual has 2 or more √ , they must also please contact a medical practitioner immediately.

Please contact Sr. Laverne Stebbing with any queries you might have regarding the screening.



SR. LAVERNE STEBBING

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MAIN CLINIC COORDINATES

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