COVID-19 VISITOR QUESTIONAIRE

All questions contained in this questionnaire are strictly confidential

Name and Surname:	**DATE:**
Company Name:	
ID Number/ Passport Number:	
RSA Residential Address:	
Contact No:	**Office Ref No:**

The safety of our residents, families, employees and visitors remain Happy Days overriding priority.

To prevent the spread of COVID-19 we request that you complete this simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone coming into Happy Days.

Thank you for your time

QUESTIONS		
Have you been tested positive for COVID-19 or awaiting a test?	☐ Yes	☐ No
Have you had close contact with anyone with COVID -19 or suspected to have COVID – 19 in the last 14 days?	☐ Yes	☐ No
Do you have one or more of the following symptoms: fever, fatigue, dry cough, aches and pains, nasal congestion, diarrhea?	☐ Yes	☐ No
Temperature reading measured by thermometer at Happy Days?	☐ Yes	☐ No
Temperature reading is less than 37.3 degrees celcius	☐ Yes	☐ No

Note: Further access to the Happy Days building will be denied should your temperature be above 37.3 degrees celcius.

Date:_____ **Signature**:_____

I declare that my answers to the above questions are true to the best of my knowledge

Information recorded by:_____