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CORONAVIRUS ENTRANCE SCREENING QUESTIONNAIRE

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Name :

Surname:

Physical Address :

Contact number :

- 1. Cough?
 - 2. Sore throat?
 - 3. Shortness of breath?
 - 4. Fever?
- (Vital signs if possible)

No

Normal waiting area

Chronic conditions: fast track & 2 months refill
(if possible separate booth outside)

Yes

In the last 14 days, have you:

- 1. Been in contact with a probable or confirmed case of SARS-Cov-2 (community or during transport) OR
 - 2. Travelled outside South Africa or contact with international traveler?
- (Vital signs if not done at entry)

No

Separate waiting area
(for unstable patients
All fever/HIV/TB /trauma...)

Yes

Isolation Room

Give a surgical mask
Inform doctor for further screening and
Covid-19 test eligibility