



COVID 19 HEALTH CHECK ASSESSMENT ENTRY FORM
STANDARD OPERATING PROCEDURE FOR DHL STADIUM HEALTH CHECK ASSESSMENT
QUESTIONNAIRE AND INSTRUCTION

- Please ask each person the following questions before they enter the workplace
- If answer “yes” they should immediately be asked to wait to one side at least 2 meters away
- The COVID compliance officer should be informed for further instructions
- Use Infra-Red Thermometer to take persons Temperature every day when entering
- Masks to be worn as per Government regulations covering mouth and nose.

DETAILS

Surname		First Name	
ID number		Contact details	
Company		Date	

	<u>Yes</u>	<u>No</u>
Fever / Chills		
Cough		
Sore Throat		
Shortness of Breath		
Body Aches		
Redness of Eyes		
Loss of smell or loss of taste		
Nausea / Vomiting / diarrhoea		
Fatigue / Weakness or tiredness		
Temperature reading (above 37.2 to call COVID officer)	Below 37 deg	Above 37.2 deg

SYMPTOMS

TRAVELS

Have you travelled across provincial borders in the last 14 days?	<u>Yes</u>	<u>No</u>
Is so Where?		
Have you travelled internationally in the last 14 days?	<u>Yes</u>	<u>No</u>
Is so Where?		
Have you been in close contact with a COVID positive person in last 10 days?	<u>Yes</u>	<u>No</u>

I hereby acknowledge that all the information I had provided and supplied is correct and truthful,

Signature:

Document	Health check Assessment – Covid-19	Created	03/05/2020
Compiled by	T Kleinhans	Approved by	L De Reuck
Review by	L Visagie	Document No	2 (revised 22/06/2021)