

ANNEXURE D: COVID-19 SAMPLE COLLECTION PERSONNEL QUESTIONNAIRE¹

Key Symptoms		
1. What was your recorded temperature when you arrived at the test mission?	°C	
2. In the past 24 hours, did you have any of the following symptoms?	Yes	No
a. Cough		
b. Loss of smell or loss of taste		
c. Sore throat		
d. Shortness of breath		
General Symptoms		
3. In the past 24 hours, have you had any of the below symptoms?	Yes	No
a. Body aches		
b. Fever or chills		
c. Redness of eyes		
d. Nausea, vomiting or diarrhoea		
e. Feeling of tiredness or weakness		
Community Exposure		
4. In the past 14 days, have you had any form of the following community exposure?	Yes	No
a. Had any contact with a person who has tested positive for COVID-19?		
b. Worked in or attended a healthcare facility where patients with COVID-19 infection were being treated?		
c. Admitted to hospital with severe lung infection of which the cause was not known?		
d. Have you travelled Internationally in the last 21 days?		
e. Have you travelled with public transport in the last 14 days?		

Confirmation of Understanding

I hereby confirm that I have read and understood the SAIDS COVID-19 guidelines for testing during the COVID-19 Pandemic. In particular, I confirm that I will only accept and conduct a mission if I meet the general requirements concerning my health status as outlined in the COVID-19 Sample Collection Personnel Questionnaire.

DCO Name and Surname: _____

Test Mission code: _____

Signature: _____

Date: _____

¹ - UKZN/UCT COVID-19 Workplace Medical Passport