

PR NO. 3803945

Reg. No.1973/010447/07

Dr RALPH POSNER
 Dr LEON IZEREL
 Dr ANTON KOEN
 Dr PETER NATHANIEL

Dr BRETTON WOODS
 Dr DONOVAN BAM
 Dr GERNO ROZENDAAL
 Dr LEE KRAMER

Dr ERROL PAPERT
 Dr RALPH HURWITZ
 Dr KATE MAHANGO
 Dr THATO SEFANYETSO

Name _____ Contact Number _____

Date _____

Do you have any of the following symptoms?

Fever (high temperature)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Shortness of breath	Yes	NO
General weakness	Yes	No
Loss of taste	Yes	No
Loss of sense of smell	Yes	No
Body aches	Yes	No
Nausea/vomiting/diarrhoea	Yes	No

In the last 14 days were you in close contact with any of the following:

a. Confirmed COVID-19 person	Yes	No
b. Person under COVID-19 investigation	Yes	No

Temperature

Signed