

Durban North Nursing Employee screening (Pre-placement)

Name of staff member	Contact number	
Name and contact number of relative or friend		
What area do you live in?		
Temperature (done by Nursing sister)		
Are you aware of the Covid-19 protocol for entering a client's home?	Yes	No
Have you been given a copy of the hygiene protocol?	Yes	No
Have you been provided with a hand sanitizer and mask?	Yes	No

In the last 14 days, have you had any of these symptoms?

<i>Cough</i>	
<i>Shortness or difficulty with breathing</i>	
<i>Fever</i>	
<i>Chills</i>	
<i>Repeated shaking with chills</i>	
<i>Muscle pain</i>	
<i>Headache</i>	
<i>Sore throat</i>	

New loss of smell or taste	
Are you aware that if you do develop any of these symptoms, that you are to inform your management immediately and remain at home until you have received medical advice?	<p style="text-align: center;">Yes No</p>
<p>Questionnaire completed by:</p> <p>Date:</p>	<p>Employee Signature:</p>