



Basic Education
Health
Social Development

COVID-19
Online Resource & News Portal
SAcoronavirus.co.za



health
Department
Health
REPUBLIC OF SOUTH AFRICA



LEARNER HEALTH QUESTIONNAIRE: COVID-19

Dear Parent / Guardian / Caregiver

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Basic Education and Health are establishing health safety measures to keep all children safe during this pandemic. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided in schools.

Please complete the form below regarding any **MEDICAL CONDITION** your child has. Your child's health information will be kept confidential.

NB. Do NOT send your child/children to school if they are unwell or sick – this includes having a sore throat, runny nose, mild cough, headache or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.

Name of Learner		Name of Parent/Guardian	
Gender: Female Male		Relationship (Mother, Father, Aunt, Grandmother etc.)	
Identity Number		Home Address	
Home Address		Cell Number	
Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if your child has the condition or No if he or she does not have it.			
Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions		Describe the medication prescribed by your doctor <i>Dr Name:</i> <i>Clinic Name:</i> <i>Telephone number:</i>	
Asthma	Yes No		
Tuberculosis	Yes No		
Pregnancy	Yes No		
Chronic severe respiratory tract diseases (Inherited conditions, e.g. cystic fibrosis, Chronic lung diseases)	Yes No		
Congenital Cardiac Disease (not corrected by surgery)	Yes No		
Severe immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on Immunosuppressive drugs e.g. after a transplant	Yes No		
Other (e.g. diabetes) not covered above:	Yes No		

The above responses have been completed to the best of my knowledge.

Parent/ Guardian Signature	Learner Signature 12 years/older	Date of signature