



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
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LEERDER GESONDHEIDSVRAELYS: COVID-19

Geagte Ouer / Voog / Versorger

Die bewyse vanuit lande regoor die wêreld wat na vore kom, is duidelik en konsekwent: kinders is minder geneig om COVID-19 te kry. Die Departemente van Basiese Onderwys en Gesondheid stel maatreëls vir gesondheidsveiligheid in om alle kinders tydens hierdie pandemie veilig te hou. Alhoewel, daar is 'n klein aantal ernstige mediese toestande wat kinders egter in gevaar kan stel om ernstig siek te word, en dit is belangrik dat die Departement hiervan kennis moet dra om te verseker dat die nodige ondersteuning en beskerming in skole verleen word.

Vul asseblief die onderstaande vorm in omtrent enige **MEDIESE TOESTAND** wat u kind het. U kind se gesondheidsinligting sal vertroulik gehou word.

NB. Moenie u kind / kinders na die skool stuur as hulle sleg voel of siek is nie - dit sluit in 'n seer keel, loopneus, ligte hoes, hoofpyn of ligte koors (hoë temperatuur). Indien nodig neem u kind na 'n geneesheer of na die naaste kliniek

Naam van Leerder		Naam van Ouer/Voog	
Geslag: Manlik Vroulik		Verhouding (Moeder, Vader, Tante, Ouma ens.)	
Identiteitsnommer		Huisadres	
Huisadres		Selnommer	
Hieronder is n lys van toestande wat kan veroorsaak dat u kind ernstig siek kan maak indien hy/sy COVID-19 kry. Om aan te dui omkring asseblief Ja as u kind die toestand het of Nee as hy of sy dit nie het nie.			
Dui aan of u kind kroniese medikasie gebruik of tans behandeling ontvang vir hierdie toestande.		Beskryf die medikasie wat deur u dokter voorgeskryf is <i>Dr Naam:</i> <i>Naam van die kliniek:</i> <i>Telefoon nommer:</i>	
Asma	Ja Nee		
Tuberkulose	Ja Nee		
Swanger	Ja Nee		
Kroniese ernstige asemhalingsiektes (Genetiese/oorerflike toestande, bv. Sistiese fibrose, kroniese longsiektes)	Ja Nee		
Kongenitale hartsiekte (nie deur chirurgie reggestel is nie)	Ja Nee		
Ernstige immuungebrek (beide oorerflik en verkry). Dit sluit in MIV-infeksie met 'n lae CD4-telling, kanker (op behandeling) of kinders op immuunonderdrukkende middels, bv. na 'n oorplanting	Ja Nee		
Ander (bv. Diabetes) wat nie hierbo gedek word nie:	Ja Nee		

Bogenoemde antwoorde is na my beste wete voltooi.

Ouer / Voog handtekening	Leerder se handtekening 12 jaar en ouer	Datum van handtekening