

## MUST BE COMPLETED by ALL entering the Blue Fire Centre



Name & Surname: \_\_\_\_\_

Cellular Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Appointment with \_\_\_\_\_

DATE & TIME \_\_\_\_\_

Please answer the following questions honestly and in the best interest of our clients, staff and service providers;

### Do you have any of the following Flu like symptoms?

1. Fever (>38°C) or a history of fever or chills	YES	NO
2. Cough (sudden onset)	YES	NO
3. Sore throat	YES	NO
4. Difficulty breathing	YES	NO
5. Loss of smell and/or loss of taste	YES	NO
6. Body aches	YES	NO
7. Nausea, vomiting, diarrhea	YES	NO
8. Fatigue / weakness	YES	NO

9. **AND in the last 14 days**, in your community, were you in close contact or living with any of the following;

A. A person with flu like symptoms	YES	NO
B. A confirmed COVID-19 person or a person under investigation for COVID-19	YES	NO

**CLOSE CONTACT** means you were face-to-face (less than 1 meter) with the person / or you were in a closed space (car, taxi or house) with the person for at least 15 minutes

10. Have you been admitted with severe pneumonia <b>in the last 14 days?</b>	YES	NO
11. Have you worked in, or attended a health care facility where COVID-19 patients are treated <b>in the last 14 days?</b>	YES	NO

In the interest of health & Safety, please familiarize yourself with our COVID-19 POLICY published on our Web Site <http://www.blue-fire.co.za/> and Facebook Page [@BlueFirecentre](#)

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**SIGNED**