

# **COVID-19 SCREENING QUESTIONNAIRE**

TO BE COMPLETED BEFORE ENTERING THE VENUE FOR

**THE ANNUAL GENERAL MEETING  
OF THE GAMTOOS MOUTH HOMEOWNERS ASSOCIATION TO BE HELD AT  
14h00 ON 5 DECEMBER 2020**

AT MENTORSKRAAL C/O N2 JBAY MAIN  
OFF RAMP AND ST FRANCIS ST, JEFFREYS BAY, 6330

NAME:	
ERF NUMBER:	
DATE:	
CONTACT NUMBER:	
TEMPERATURE:	

Are you experiencing any of the following symptoms:

	YES	NO
Fever of 38°C or higher		
Cough		
Difficulty Breathing or Shortness of Breath		
Severe fatigue or feeling of being generally unwell		

In the last 14 days have you:

	YES	NO
Travelled inter-nationally		
Been in close contact with someone who has a confirmed or probable case of COVID-19		
Been in close contact with a person with an acute respiratory illness or with flu symptoms		

**Please note that no access will be granted without a face mask.**