



HEALTH QUESTIONNAIRE: COVID-19

Dear Pupil / 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 Health is establishing health safety measures to keep you/your child safe during this pandemic. However, a small number of serious medical conditions may put you/your child at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided.

Please complete the form below regarding any MEDICAL CONDITION you/your child has as well as a few other questions relating to your family environment which will help to ascertain whether you/your child can resume the activity. **Your family's health information will be kept confidential.**

NB! Do NOT attend dance classes at WX Hip Hop Dance Academy/Beverley Hammond Dance School if you/your child are unwell or sick – this includes, but is not limited to, having a sore throat, runny nose, mild cough, headache, or mild fever (high temperature). If needed please go to a health practitioner or the nearest clinic.

Name of Student	Name of Parent/Guardian/Caregiver	
Gender: Female Male	Relationship (Mother, Father, Aunt, Grandmother etc.)	
Identity Number	Home Address	
Postal Address	Cell Number	
Below is a list of conditions that may cause you/your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if you/your child has the condition or No if you/your child does not have it.		
Please indicate if you/your child is on chronic medication or is currently receiving treatment for these conditions	Describe the medication prescribed by your doctor Dr Name: Clinic Name: Telephone number:	
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



WX HIP HOP DANCE ACADEMY
 SUNBIRD CENTRE
 DELFI AVE & SUNBIRD AVE
 ADMIN@WXHIPHOP.CO.ZA
 072 403 7672
 WXHIPHOP.CO.ZA

Beverley Hammond
DANCE SCHOOL

Garfontein - 0832276141 Centurion - 0733523012 dance@beverleyhammond.co.za

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
Are you a healthcare worker?	Yes	No
Is anyone in your household a healthcare worker?	Yes	No
Do you or anyone in your household work in a healthcare facility where patients are being treated for COVID-19.	Yes	No
In the past 14 days, have you been in contact with a confirmed or probable COVID-19 positive person?	Yes	No
Do you have a mask which you will wear in this facility at all times?	Yes	No
In the past 7 days, have you travelled inter-provincially?	Yes	No
Have you or anyone in your household been tested for COVID-19 in the past 7 days?	Yes	No
Do you have or have you had any illness in the past 14 days?	Yes	No
Do you have any of the following symptoms in the last 14 days (cough/sore throat/fever/chills/headache/shortness of breath/muscle or joint pain/sinusitis/diarrhoea)?	Yes	No
Have you lost your sense of smell and or appetite?	Yes	No
Have you visited or do you reside in an old age or retirement home?	Yes	No
Do you have a pre-existing condition?	Yes	No
Does anyone in your household have a pre-existing condition?	Yes	No
Are you a high-risk employee/client/person?	Yes	No
Is anyone in your household considered to be high risk?	Yes	No

I declare that the information above is true and correct.

NAME & SURNAME: _____

SIGNED: _____

DATE: _____