Parent/ teacher Risk Assessment Questionnaire

Dear Parent,

In an effort to re-open our school, we need to minimise the possible exposure of our staff and learners to the COVID-19 virus. Kindly complete the following questions and return the questionnaire per email to admin@zoe-skool.org before or on 1 June 2020.

To your knowledge, have you or any of your immediate family or any other live-in members been in contact with any positive COVID-19 Cases in the past 2 weeks?	**Yes ☐ No ☐**
Please confirm whether any of the following are applicable to you:	
I am/my family are in regular (daily) contact with healthcare workers or staff exposed to known, suspected or possible COVID-19 patients	**Yes ☐ No ☐**
I am/my family are sometimes in contact with healthcare workers or staff exposed to known, suspected or possible COVID-19 patients	**Yes ☐ No ☐**
My husband/I have been providing essential services during the lockdown phase	**Yes ☐ No ☐**
I /my family only visited public areas for essential shopping	**Yes ☐ No ☐**
In the past 14 days, have you travelled outside of Gauteng	**Yes ☐ No ☐**
3. Does anyone in your family currently display any of the following symptoms: fever, cough, tiredness, sore throat, shortness of breath, affected taste or smell)	**Yes ☐ No ☐**
My child/ren are vulnerable based on the following conditions (Teachers at Zoe also to complete please):	
a) Pregnant	**Yes ☐ No ☐**
b) Employees over 60	**Yes ☐ No ☐**
c) Diabetes	**Yes ☐ No ☐**
d) Kidney/Liver diseases	**Yes ☐ No ☐**
e) Auto-immune disease	**Yes ☐ No ☐**
f) Asthma Yes ☐ No ☐	**Yes ☐ No ☐**

Name & Surname of Parent: _____

Date completed: _____

Name & Surname of Learner/s: _____