



COVID-19 SCREENING FORM FOR STUDENTS AND PILOTS

1. AREA DETAILS

Flying site: _____

2. DATE AND TIME

____ / ____ / 2020

TIME: _____

3. PERSONAL INFORMATION

ID Number _____

Surname _____

Full Names _____

Personal Contact Number _____

Gender / Age

MALE

FEMALE

Age - _____

4. TEMPERATURE

NB – NO ENTRY IF TEMPERATURE IS 37.3°C OR MORE

Only Non-Contact Thermometer to be used

°C

5. CLINICAL INFO - SYMPTOMS (CIRCLE Y OR N)

Fever/Chills

Y / N

Loss of smell OR loss of taste

Y / N

Cough

Y / N

Redness of the eyes

Y / N

Sore throat

Y / N

Nausea/vomiting/diarrhoea

Y / N

Shortness of breath

Y / N

Fatigue/ weakness / tiredness

Y / N

Body aches

Y / N

Have you recently travel to a country outside SA?

Y / N

Have you had contact with a COVID-19 positive person in the last 24 hours?

Y / N

Provide a brief history of contact with persons in the past 72 hours:

Disclaimer: The screening does not replace professional medical consultation. Please seek professional medical advice and assistance if you showed any of the above symptoms or have had contact with a person that tested positive for COVID-19 in the last 24 hours. Hotline number 0800 029 999 or WhatsApp on 0600 12 3456.

Signature: STUDENT / PILOT	Date	Time
Signature: Screening Verifier Details	Date	Time