Name: Grade:	Date: Time:	Temperature:			Name: Grade:	Date: Time:	Temperature:	
Do you have any unusual body ache or pain?		No	Yes		Do you have any unusual body ache or pain?		No	Yes
Do you have a headache		No	Yes		Do you have a headache		No	Yes
Do you have a (dry) cough		No	Yes		Do you have a (dry) cough		No	Yes
Do you have a sore throat		No	Yes		Do you have a sore throat		No	Yes
Do you have difficulty breathing (shortness of breath)		No	Yes		Do you have difficulty breathing (shortness of breath)		No	Yes
Do you feel weak or tired today?		No	Yes		Do you feel weak or tired today?		No	Yes
Can you taste (food and drink) normally?		No	Yes		Can you taste (food and drink) normally?		No	Yes
Can you smell normally?		No	Yes		Can you smell normally?		No	Yes
Are you sneezing or have a runny nose?		No	Yes		Are you sneezing or have a runny nose?		No	Yes
Do you have an unusually upset stomach or diarrhoea?		No	Yes		Do you have an unusually upset stomach or diarrhoea?		No	Yes

Name: Grade:	Date: Time:	Temperature:			Name: Grade:	Date: Time:	Temperature:	
Do you have any unusual body ache or pain?		No	Yes		Do you have any unusual body ache or pain?		No	Yes
Do you have a headache		No	Yes		Do you have a headache		No	Yes
Do you have a (dry) cough		No	Yes		Do you have a (dry) cough		No	Yes
Do you have a sore throat		No	Yes		Do you have a sore throat		No	Yes
Do you have difficulty breathing (shortness of breath)		No	Yes		Do you have difficulty breathing (shortness of breath)		No	Yes
Do you feel weak or tired today?		No	Yes		Do you feel weak or tired today?		No	Yes
Can you taste (food and drink) normally?		No	Yes		Can you taste (food and drink) normally?		No	Yes
Can you smell normally?		No	Yes		Can you smell normally?		No	Yes
Are you sneezing or have a runny nose?		No	Yes		Are you sneezing or have a runny nose?		No	Yes
Do you have an unusually upset stomach or diarrhoea?		No	Yes		Do you have an unusually upset stomach or diarrhoea?		No	Yes

Name: Grade:	Date: Time:	Temperature:			Name: Grade:	Date: Time:	Temperature:	
Do you have any unusual body ache or pain?		No	Yes		Do you have any unusual body ache or pain?		No	Yes
Do you have a headache		No	Yes		Do you have a headache		No	Yes
Do you have a (dry) cough		No	Yes		Do you have a (dry) cough		No	Yes
Do you have a sore throat		No	Yes		Do you have a sore throat		No	Yes
Do you have difficulty breathing (shortness of breath)		No	Yes		Do you have difficulty breathing (shortness of breath)		No	Yes
Do you feel weak or tired today?		No	Yes		Do you feel weak or tired today?		No	Yes
Can you taste (food and drink) normally?		No	Yes		Can you taste (food and drink) normally?		No	Yes
Can you smell normally?		No	Yes		Can you smell normally?		No	Yes
Are you sneezing or have a runny nose?		No	Yes		Are you sneezing or have a runny nose?		No	Yes
Do you have an unusually upset stomach or diarrhoea?		No	Yes		Do you have an unusually upset stomach or diarrhoea?		No	Yes

Name: Grade:	Date: Time:	Temperature:			Name: Grade:	Date: Time:	Temperature:	
Do you have any unusual body ache or pain?		No	Yes		Do you have any unusual body ache or pain?		No	Yes
Do you have a headache		No	Yes		Do you have a headache		No	Yes
Do you have a (dry) cough		No	Yes		Do you have a (dry) cough		No	Yes
Do you have a sore throat		No	Yes		Do you have a sore throat		No	Yes
Do you have difficulty breathing (shortness of breath)		No	Yes		Do you have difficulty breathing (shortness of breath)		No	Yes
Do you feel weak or tired today?		No	Yes		Do you feel weak or tired today?		No	Yes
Can you taste (food and drink) normally?		No	Yes		Can you taste (food and drink) normally?		No	Yes
Can you smell normally?		No	Yes		Can you smell normally?		No	Yes
Are you sneezing or have a runny nose?		No	Yes		Are you sneezing or have a runny nose?		No	Yes
Do you have an unusually upset stomach or diarrhoea?		No	Yes		Do you have an unusually upset stomach or diarrhoea?		No	Yes

Name: Grade:	Date: Time:	Temperature:			Name: Grade:	Date: Time:	Temperature:	
Do you have any unusual body ache or pain?		No	Yes		Do you have any unusual body ache or pain?		No	Yes
Do you have a headache		No	Yes		Do you have a headache		No	Yes
Do you have a (dry) cough		No	Yes		Do you have a (dry) cough		No	Yes
Do you have a sore throat		No	Yes		Do you have a sore throat		No	Yes
Do you have difficulty breathing (shortness of breath)		No	Yes		Do you have difficulty breathing (shortness of breath)		No	Yes
Do you feel weak or tired today?		No	Yes		Do you feel weak or tired today?		No	Yes
Can you taste (food and drink) normally?		No	Yes		Can you taste (food and drink) normally?		No	Yes
Can you smell normally?		No	Yes		Can you smell normally?		No	Yes
Are you sneezing or have a runny nose?		No	Yes		Are you sneezing or have a runny nose?		No	Yes
Do you have an unusually upset stomach or diarrhoea?		No	Yes		Do you have an unusually upset stomach or diarrhoea?		No	Yes