DR SEAN MOODLEY
PLASTIC AND RECONSTRUCTIVE SURGEON

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COVID-19 QUESTIONNAIRE

In order to minimise exposure and in the interest of everyone's safety please complete the form below.

Name: _____ Date: _____

Do you feel sick?	YES	NO
Have you felt unusually tired in the past 14 days?	YES	NO
Do you currently have a fever / or in the last 14 days ? (no matter how mild)	YES	NO
Do you or have you had have body aches in the last 14 days? (no matter how mild the symptoms)	YES	NO
Do you have a cough? (no matter how mild the symptoms)	YES	NO
Do you have a cold, runny nose or sore throat ? (no matter how mild the symptoms)	YES	NO
Have you noticed a loss of sense of taste or smell in the past 14 days?	YES	NO
Have you had any new skin condition in the last 14 days especially on your toes and hands?	YES	NO
Have you had diarrhoea or other digestive upsets in the last 14 days?	YES	NO
Have you been in close contact with individuals with flu like symptoms regardless of how minor they may seem ?	YES	NO
Have you had either direct or **indirect** contact with a person with COVID-19 ?	YES	NO
Have you been traveling outside SA within the last 14 days?	YES	NO
Have you have been in contact with anyone who has travelled overseas in the last 2 weeks.	YES	NO
Have you been tested for coronavirus? Date of test ?	YES	NO
If yes: was the test positive? N/A	YES	NO
Are you in quarantine? (as opposed to 'lockdown')	YES	NO
Are any of the people you live with in isolation or quarantine?	YES	NO