



# Eswatini Medical Christian University

P.O.BoxA624 Swazi Plaza, Mbabane H101, Swaziland

Tel. +268 24728157 E-mail:scumedicalict@gmail.com

## SCREENING TOOL FOR COVID -19

Name: \_\_\_\_\_ Staff or Student: \_\_\_\_\_

Staff / Student Number: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Please conduct a **daily** self-screening assessment as per the criteria mentioned in the below table:

No.	CONDITION / SYMPTOM	YES	NO
<b>A</b>	<b>SYMPTOM CHECK</b>		
1	Are you suffering from fever / high temperature or temperature fluctuations?		
2	Do you have a dry cough?		
3	Do you have a sore throat?		
4	Do you have redness of eyes?		
5	Do you experience shortness of breath / difficulty in breathing?		
6	Have you got unusual body aches / muscle pain?		
7	Do you experience a loss of smell / taste?		
8	Are you nauseous and/or do you experience unusual vomiting?		
9	Have you got diarrhea?		
10	Do you suffer from fatigue / physical weakness / tiredness?		
<b>B</b>	<b>CONTACT / EXPOSURE RISK</b>		
1	Have you been exposed to someone diagnosed with Covid-19 or had recent contact with someone who is self-isolating whilst waiting for a Covid-19 test result?		
2	Have you been in quarantine / self-isolation for the past 14 days?		
<b>C</b>	<b>OTHER RISK FACTORS</b>		
1	Do you suffer from any pre-existing medical condition / chronic illness that may have compromised your immune system, i.e. respiratory disease, diabetes, heart disease, or any other chronic illness that could compromise one's immune system?		
2	Are you 60 years of age or older?		

- Please complete this daily self-screening questionnaire before leaving home / residence and before coming onto Campus. **NB:** Persons are not permitted onto Campus if screening has not been done.
- If any symptoms mentioned in questions **A1** to **A10** are experienced then:
  - ✓ Don't attempt to enter the University.
  - ✓ Consult a Healthcare Worker (from nearest health facility) to find out if testing / self-quarantine will be necessary.
  - ✓ Urgently notify your Supervisor/ relevant Manager / Dean/Principal / Vice-Chancellor if you cannot come to Campus.
  - ✓ If you reside on Campus then remain in your room, seek advice telephonically from relevant Covid-19 Response Team and follow the protocols on notification / quarantining.
  - ✓ You may only enter the University if you have been cleared by your Healthcare facility by producing the certificate.
- If you experience any symptoms mentioned in questions **A1** to **A10** then this does not mean that you definitely have Covid-19. This screening questionnaire is used as precautionary indicator to establish whether you should be quarantined and if tests are required to make a definite diagnosis.
- Notify Campus Health & Wellness Centre ASAP if your status in Sections **A** or **B** changes at any time.



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- If you answered “**YES**” to any of the questions in **B1, B2,C1** and**C2**(but have none of the symptoms mentioned in **A1** to **A10**),then this does not mean that you will not be permitted entry onto Campus (a decision may be necessary whether your response requires any further intervention).
- If you are tested positive for Covid-19 isolate for 14 days. Follow your Healthcare advice.

I hereby attest that the information provided above is a true reflection of my screening results.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_