



COVID-19 Daily Symptom Screening

Date								
Name & Surname								
Designation (Please Tick 1)	UCT Staff		UCT Student		Visitor		Other	
Contact number								
1) Have you been tested positive for COVID-19 in the past 14 days?							Y	N
2) Have you been in contact in the last 14 days with someone who is confirmed to have COVID-19							Y	N
Are you currently suffering from any of the following symptoms?								
Fever							Y	N
Cough							Y	N
Sore throat							Y	N
Body pains							Y	N

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform the UCT Conference COVID-19 Manager should I be diagnosed with COVID-19 in order to facilitate contact tracing.

Completed by

Signature