



MULBARTON PRIMARY SCHOOL

LEARNER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

	YES	NO
1. Does the learner have a cough?		
2. Does the learner have a sore throat?		
3. Does the learner experience a shortness of breath?		
4. Does the learner have a fever?		
5. Can the learner taste food and drink normally?		
6. Can the learner smell normally?		
7. Have the learner been in contact with someone who is suspected to have COVID-19 or has been diagnosed positive with COVID-19		

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