



COVID-19 TENANT SCREENING QUESTIONNAIRE

Name and Surname:	
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I hereby declare the following:

Date														
Visitor Declaration Questions	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1 Have you travelled in the last 21 days? If, yes where to?:														
2 Have you been exposed to someone who has the COVID-19 virus?														
3 Have you experienced at least one of the following symptoms recently a <i>cough</i> b <i>sore throat</i> c <i>shortness of breath</i> d <i>Fever [$\geq 37.5^{\circ}\text{C}$ (measured)]</i> e <i>Fever or history of fever (subjective) over the past 21 days</i>														
4 Have you attended a health care facility where patients with COVID-19 infections are being treated?														
5 Have you been hospitalised recently with severe pneumonia?														
6 Do you currently have flu like symptoms?														
Signature														