Lockdown Report

AfriSam		Month:	
Name:	Elzaan Venter	Branch:	Shared Service Center
Surname:	Elzaan Venter	Work Area:	SSC
Age:	47	Job Title:	HR IS and Admin Professional

Week 1

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Dates Answered	Date	01-04-2020	Date	02-04-2020	Date	03-04-2020	Date	04-04-2020	Date	05-04-2020	Date	06-04-2020	Date	07-04-2020
	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment
Are you healthy?														
Are your family/people staying with you healthy?														
Have you been exposed to a sick person?														
Or had contact with people that were suspected of having Corona Virus or COVID19?														
Have you been to places e.e. shops, gatherings, funerals?														
Do you have a domestic servant?														
Fever/chills? Take your temperature if possible														
Coughing - Is it Dry or Wet cough?														
Sneezing? Caused by Allergies? Or sudden start?														
Short of breath? Struggle to breathe? What time of day?														
Body pains? Neck and shoulders/back etc?														
Diarrhea or loose stools? Stomach pains?														
Fatigue? Just tired for no reason?														
Have you been to a Doctor/Clinic/Hospital/Chemist/other?														
Are you taking Meds?														
Have you been tested for Corona virus?														
Are you working from home?														
Have you gone back to work? On what date?														

If you have chronic conditions and over 60 years, we need to know about it. A Chronic condition can be anything, medicines or treatments receiving on a daily, weekly, monthly basis. If your Chronic condition is stable with NO ups and downs in health, then get the proof and send it to Sister, she talks with Dr, we take it further to declare you fit for duty, to RTW.

Week 2

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Date	08-04-2020	Date	09-04-2020	Date	10-04-2020	Date	11-04-2020	Date	12-04-2020	Date	13-04-2020	Date	14-04-2020
	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment
Are you healthy?														
Are your family/people staying with you healthy?														
Have you been exposed to a sick person?														
Or had contact with people that were suspected of having Corona Virus or COVID19?														
Have you been to places e.e. shops, gatherings, funerals?														
Do you have a domestic servant?														
Fever/chills? Take your temperature if possible														
Coughing - Is it Dry or Wet cough?														
Sneezing? Caused by Allergies? Or sudden start?														
Short of breath? Struggle to breathe? What time of day?														
Body pains? Neck and shoulders/back etc?														
Diarrhea or loose stools? Stomach pains?														
Fatigue? Just tired for no reason?														
Have you been to a Doctor/Clinic/Hospital/Chemist/other?														
Are you taking Meds?														
Have you been tested for Corona virus?														
Are you working from home?														
Have you gone back to work? On what date?														

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Week 3

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Date	15-04-2020	Date	16-04-2020	Date	17-04-2020	Date	18-04-2020	Date	19-04-2020	Date	20-04-2020	Date	21-04-2020
	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment
Are you healthy?														
Are your family/people staying with you healthy?														
Have you been exposed to a sick person?														
Or had contact with people that were suspected of having Corona Virus or COVID19?														
Have you been to places e.e. shops, gatherings, funerals?														
Do you have a domestic servant?														
Fever/chills? Take your temperature if possible														
Coughing - Is it Dry or Wet cough?														
Sneezing? Caused by Allergies? Or sudden start?														
Short of breath? Struggle to breathe? What time of day?														
Body pains? Neck and shoulders/back etc?														
Diarrhea or loose stools? Stomach pains?														
Fatigue? Just tired for no reason?														
Have you been to a Doctor/Clinic/Hospital/Chemist/other?														
Are you taking Meds?														
Have you been tested for Corona virus?														
Are you working from home?														
Have you gone back to work? On what date?														

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Week 4

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Date	22-04-2020	Date	23-04-2020	Date	24-04-2020	Date	25-04-2020	Date	26-04-2020	Date	27-04-2020	Date	28-04-2020
	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment
Are you healthy?													Yes	
Are your family/people staying with you healthy?													Yes	
Have you been exposed to a sick person?													No	
Or had contact with people that were suspected of having Corona Virus or COVID19?													No	
Have you been to places e.e. shops, gatherings, funerals?													Yes	Pick n Pay
Do you have a domestic servant?													No	
Fever/chills? Take your temperature if possible													Yes	Yes; 34
Coughing - Is it Dry or Wet cough?													No	
Sneezing? Caused by Allergies? Or sudden start?													No	
Short of breath? Struggle to breathe? What time of day?													Yes	03:00; aewgt
Body pains? Neck and shoulders/back etc?													No	
Diarrhea or loose stools? Stomach pains?													No	
Fatigue? Just tired for no reason?													No	
Have you been to a Doctor/Clinic/Hospital/Chemist/other?													No	
Are you taking Meds?													Yes	agswetshdrfh
Have you been tested for Corona virus?													Yes	Negative
Are you working from home?													Yes	
Have you gone back to work? On what date?													No	

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Week 5

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Date	29-04-2020	Date	30-04-2020	Date	01-05-2020	Date	02-05-2020	Date	03-05-2020	Date	04-05-2020	Date	05-05-2020
	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment	Yes/No	Comment
Are you healthy?	Yes		No	ahg										
Are your family/people staying with you healthy?	Yes		No	asf										
Have you been exposed to a sick person?	No		Yes	2020-04-28										
Or had contact with people that were suspected of having Corona Virus or COVID19?	No		Yes	2020-04-28										
Have you been to places e.e. shops, gatherings, funerals?	Yes	Shop	Yes	aWSF										
Do you have a domestic servant?	No		Yes	Coming In										
Fever/chills? Take your temperature if possible	No		Yes	Yes; 38										
Coughing - Is it Dry or Wet cough?	No		Yes	ASF										
Sneezing? Caused by Allergies? Or sudden start?	No		Yes	AG										
Short of breath? Struggle to breathe? What time of day?	No		Yes	01:00; AWFS										
Body pains? Neck and shoulders/back etc?	No		Yes	Hurt even more; AWSF										
Diarrhea or loose stools? Stomach pains?	No		Yes	AWEFS										
Fatigue? Just tired for no reason?	No		Yes	ASF										
Have you been to a Doctor/Clinic/Hospital/Chemist/other?	No		Yes	Hospital										
Are you taking Meds?	No		Yes	ASF										
Have you been tested for Corona virus?	No		Yes	Positive										
Are you working from home?	Yes		No											
Have you gone back to work? On what date?			Yes	2020-04-29										

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