

MAPANGULA

COVID -19 Attendance Register

DATE:

Name and Surname	Contact details	Cough		Redness of eyes		Sore throat		Body aches		Vomiting		Diarrhoea		Shortness of breath		Loss of smell /breath		Nausea		Fatigue /weakness or tiredness		Temperature	Signature
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
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