



## Brescia House School

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### COVID-19 Declaration of Health Form

Rev 8 – 17/05/2020

<b>Name</b>	
<b>My contact number</b>	
<b>Residential Address</b>	
<b>Other Contact name/number</b>	
<b>Reason for site access</b>	

1. I hereby submit this unconditional acceptance of declaration of health, and confirm I will not enter the school property at any time when:
2. I exhibit any of the following signs/symptoms:
  - a. Fever
  - b. Cough
  - c. Shortness of breath
  - d. Sore throat
  - e. Loss of taste or smell
  - f. Rash on palms of hands; toes or torso
3. I confirm, to the best of my knowledge that I have not been in close contact with anyone exhibiting similar symptoms.
4. I do not have COVID-19, nor have tested positive. If I have previously, then I will provide a doctor's letter and proof of positive test after I have been self-isolated or quarantined and are now clear of the disease.
5. If I have any symptoms, I will self-isolate and I should get a COVID-19 test to confirm my status. Should this be positive, I will remain off site until clear.
6. I will provide all Traceable Contact details and address details that would allow for easy tracking/tracing should these details be requested by the relevant authorities.
7. I will wear an appropriate face mask, and relevant PPE always when on the property.
8. I will always act responsibly and follow authorised instructions.
9. If I have a comorbidity that is likely to increase my risk from exposure to COVID-19.
  - a. Brescia House School will respect my privacy
  - b. Brescia House School will need to be notified under separate process, about my comorbidity information
  - c. Based on my comorbidity – Brescia House School will apply a risk assessment process and determine a course of action/accessibility to site.
10. I understand and agree to abide by the Brescia House COVID-19 Operational Protocol
11. If I am a school pupil or parent – I accept and understand the Brescia House School Code of Conduct and that this code is implicit in this declaration.

<b>Signature</b>		<b>Guardian Signature</b>	
<b>Date</b>		<b>Date</b>	