

FEDERAL GOVERNMENT COLLEGE, IKOM, COVID – 19 SCHOOL CLINIC RECORD.

STUDENTS' ENTRY QUESTIONNAIRE 2020.

SECTION A:

NAME: CLASS:

- Any history of fever? Yes No
- Any history of cough? Yes No
- Cough productive? Yes No
- Any history of abdominal discomfort? Yes No Diarrhea Yes No Pain Yes No
- Any history of eye itching, discoloration? Yes No
- Any history of loss of smell? Yes No [thick mild moderate severe
- Any shortness of breath/discomfort? Yes No
- History of fatigue? Yes No
- History of nasal congestion, catarrh, sore throat, sneezing, etc? Yes No
- History of persistent headache? Yes No
- History of unwellness? Yes No

SECTION B:

PREVIOUS/PRESENT HEALTH CONDITIONS.

- ASTHMA YES NO
- SKIN DISEASE YES NO
- HEART DISEASE YES NO
- SICKLE CELL YES NO
- SPECIAL ILL HEALTH YES NO If yes what type?
- DISABILITY YES NO
- ARE YOU CURRENTLY ON MEDICATION? YES NO

Temperature reading:

Personal items to come back with: 1 bottle of 500ml hand sanitizer and 6 face masks)