



# HOËRSKOOLO SILVERTON



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**SILVERTON**  
**0127**  
**24-06-2020**

## DECLARATION FORM FOR COVID-19 2020

I, \_\_\_\_\_ (Name and Surname), hereby declare that I will continuously answer the screening questions, and other relating questions, honestly and to the best of my ability.

I understand that I will be held accountable for my actions and accept the consequences of my actions. I also promise that I will continuously keep to the COVID-19 rules and regulations that are set out by the South African Government and Hoërskool Silverton.

I accept to answer the following questions honestly:

1. Do you have a cough?
2. Do you have a sore throat?
3. Do you have difficulty breathing?
4. Do you feel weak or tired?
5. Can you taste and drink normally?
6. Can you smell normally?
7. Do you have diarrhoea?
8. Have you been in contact with anyone who tested positive over the last 14 days?
9. Have you been out of the province in the last 14 days?
10. [Temperature is taken and provided to the learner.]

Should I experience any symptoms or have any reasons for not attending school, I undertake to notify the Grade Guardian / Principal (0825576535) by 08:00 am, on the specified morning.

**Please provide us with the following information:**

**Mother/Guardian**

\_\_\_\_\_ (cell) \_\_\_\_\_ (email)

**Father/Guardian**

\_\_\_\_\_ (cell) \_\_\_\_\_ (email)

**Learner**

\_\_\_\_\_ (cell) \_\_\_\_\_ (email)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Learner Signature