

VICTORIA PARK HIGH SCHOOL



M J VERMAAK B Comm (Ed)
Principal

VICTORIA PARK DRIVE
PORT ELIZABETH

Telephone: 041 508-6400
Fax No: 041 581-2982
P.O. Box 5868, Walmer, 6065
E-Mail: info@vphs.ecape.school.za

SCREENING PROCESS

The following is the process to be followed when reporting to school:

1. Line up outside the 1st Avenue entrance. Observe the social distancing rules as per the painted markers.
2. Follow the markers through the gate and sanitize your shoes (closed shoes) on the provided sanitizing mat.
3. Collect a questionnaire that you must fill in (bring your own pen). From Wednesday the questionnaire will be done via your cellular phone. This will be explained and set up on Monday and Tuesday.
4. Join the shortest queue and follow the markers – there are three testing stations.
5. At the testing station your temperature will be taken and recorded and your hands will be sanitized.
6. From there you may enter the school buildings.

At the bell you must proceed to your register class venue, to be met by your teacher. The teacher will inform you of the venue and time of attending the COVID 19 orientation and safety talk by an outside specialist. You will also attend an orientation session of school procedures.

After these two talks classes will start. School will end at 15:00 on Monday 8 June & Tuesday 9 June.

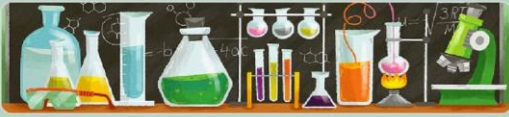
I have included a copy of the questionnaire that you will complete daily. **IF YOUR ANSWER TO ANY OF THE QUESTIONS IS GOING TO BE YES – YOU MUST REMAIN AT HOME.**

If any problems are picked up at the screening stations the learner will be isolated in a safe area until parents arrive to pick him/her up. The regulations suggest that this must happen within 30 minutes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M J Vermaak', written in a cursive style.

M J Vermaak
Principal



Pupil Questionnaire

Please answer the following questions
honestly in order to ensure everybody's
safety.

* Required

Today's date *

Date

Surname *

Your answer



Name *

Your answer

Grade *

- 12
- 11
- 10
- 9
- 8

Class *

- V
- I
- C
- T
- O
- R
- A

Do you have a cough? *

- Yes
- No

Do you have a sore throat? *

- Yes
- No

Do you have difficulty breathing? *

- Yes
- No

Do you feel weak and tired? *

- Yes
- No

Do you have a headache? *

- Yes
- No

Have you lost your sense of taste? *

- Yes
- No

Have you lost your sense of smell? *

- Yes
- No

Temperature: *

Your answer

Submit