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CRESTVIEW PRIMARY SCHOOL

COVID-19 LEARNER CO-MORBIDITY FORM

(THIS FORM MUST BE COMPLETED FOR ALL LEARNERS WITH A CO-MORBIDITY)

SURNAME:					FULL NAME:	
CONTACT DETAIL (PARENT/GUARDIAN)					GRADE:	
HOME ADDRESS:						
COMORBIDITIES: (PLEASE NOTE THAT A MEDICAL CERTIFICATE MUST BE ATTACHED FOR EVERY CO-MORBIDITY INDICATED)	ASTHMA	HIV	TB	DIABETES	EPILEPSY	
	OTHERS (SPECIFY)					
PLEASE SELECT ONE OF THE CHOICES BELOW: (MARK WITH A x)						
I WILL BE SENDING MY CHILD TO SCHOOL					YES	NO
MEDICATION (CURRENT)						

I DECLARE THAT ALL OF THE INFORMATION IS TRUE AND CORRECT IN ALL ASPECTS.

SIGNATURE

DATE

MY CHILD DOES NOT HAVE ANY CO-MORBIDITY

I WILL BE SENDING MY CHILD TO SCHOOL	YES	NO
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