**Erediens/funksie bespreking en evalueringsvorm [Huisgesin]**

|  |  |
| --- | --- |
| **Datum van erediens/funksie:** |  |

**Familielid 1 (gesinshoof):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Naam** |  | **Van** |  |
| **Adres van gesin** |  | | |
| **Selfoonnommer** |  | **Ouderdom** | **Temperatuur:** |

**Familielid 2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | **Van** |  | |
| **Selfoonnommer** |  | **Ouderdom** |  | **Temperatuur:** |

**Kind 1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | | **Van** |  |
| **Ouderdom** |  | **Temperatuur:** | |

**Kind 2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | | **Van** |  |
| **Ouderdom** |  | **Temperatuur:** | |

**Kind 3:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | | **Van** |  |
| **Ouderdom** |  | **Temperatuur:** | |

**Kind 4:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | | **Van** |  |
| **Ouderdom** |  | **Temperatuur:** | |

**Kind 5:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam** |  | | **Van** |  |
| **Ouderdom** |  | **Temperatuur:** | |

**Het jy of enige van die lede in jou huisgesin van die onderstaande simptome beleef:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LAASTE 7 DAE** | **FAMILIELID 1**  **(JA** ✓ **/ NEE X)** | **FAMILIELID 2**  **(JA** ✓ **/ NEE X)** | **KIND 1  (JA** ✓  **NEE X)** | **KIND 2  (JA** ✓  **NEE X)** | **KIND 3  (JA** ✓  **NEE X)** | **KIND 4  (JA** ✓  **NEE X)** | **KIND 5  (JA** ✓  **NEE X)** |
| Koors hoër as 37.5 grade Celsius |  |  |  |  |  |  |  |
| Hoes |  |  |  |  |  |  |  |
| Seer keel |  |  |  |  |  |  |  |
| Hoofpyn |  |  |  |  |  |  |  |
| Smaak of reuk verlies |  |  |  |  |  |  |  |
| Ongemak in asemhaling |  |  |  |  |  |  |  |
| Diarree |  |  |  |  |  |  |  |
| Algemene verkoue simptome |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **IN DIE LAASTE 14 DAE:** | **JA** | **NEE** |
| Was enige van die gesinslede in kontak met iemand wat Covid-19 positief getoets het? |  |  |
| Was enige van die gesinslede in kontak met iemand wat verkoue simptome gehad het? |  |  |
| Was enige van die gesinslede in ‘n fasiliteit waar Covid-19 positiewe persone behandel word? |  |  |

***Ek, as die hoof van my gesin, bevestig dat die inligting in hierdie dokument vervat korrek en eerlik voltooi is.  
  
Ek verstaan die risiko verbonde tov groepbyeenkomste, veral vir persone bo 55 jaar oud en/of persone met onderliggende siektetoestande. Wanneer ek kies om ‘n groepbyeenkoms by te woon aanvaar ek persoonlik die risiko verbonde.  
  
Ek onderneem om die kerkkantoor te verwittig sou ek of enige lid van my huisgesin binne 14 dae van die besoek positief vir Covid-19 toets.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Gesinshoof: Handtekening**

**----------------------------------------------------------------------------------------------------------------------------------------------------------------------------Vir kantoor gebruik   
  
Sitplek allokasie:**