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1. Do you, to your knowledge, currently have Covid-19?
2. Have you previously been infected by the SARS-CoV-2 virus? If yes, have you been declared healed from Covid-19 clinically or have tested negative with a nasopharyngeal swab?
3. Do you currently have any of the following symptoms:
 - a. Fever
 - b. Cough
 - c. Respiratory difficulty
 - d. Conjunctivitis
 - e. Diarrhoea
 - f. Flu
 - g. Lack of smell and taste
4. In the last month have you had any of the following symptoms:
 - a. Fever
 - b. Cough
 - c. Respiratory difficulty
 - d. Conjunctivitis
 - e. Diarrhoea
 - f. Flu
 - g. Lack of smell and taste
5. Did you have any contact with SARS-CoV-2-infected patients in the last month?
6. Did you have any contact with subjects placed in quarantine, either self-imposed or organised by the health authorities, in the last month?
7. Did you have any contact with subjects coming from highly epidemic regions in the last month?
8. Are you a health-care worker? If yes, what is your job?