

BRCC Covid-19 Member Register/Screening Record

Compliance Officer on Duty

Date

	Surname	First Name	SAMAA No.	Contact No.	Entry Time	Exit Time	Temperature	Answer to Question Below
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Question - Do you have any of the following covid-19 symptoms - Fever, Cough, Sore Throat, Redness Eyes, Difficulty Breathing, Body Aches, Loss of Smell or Taste, Nause or Vomiting, Diarrhea, Weakness/Tiredness?