ANNEXURE 9 (STUDENT)

COVID – 19 COMORBIDITIES REGISTER

Date: _____

Student name: _____

Student ID: _____

Grade: _____

	Yes	**No**
Asthma	☐	☐
Tuberculosis	☐	☐
Anxiety	☐	☐
Depression	☐	☐
Congenital Cardiac disease (Not corrected by surgery)	☐	☐
Chronic severe respiratory tract disease (inherited conditions e.g. cystic fibrosis, chronic lung diseases)	☐	☐
Diabetes	☐	☐
Chronic kidney diseases treated with dialysis	☐	☐
Severe Immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or if you are on immunosuppressive drugs e.g. after a transplant	☐	☐
Other:		

_____

Signature of parent