

HEALTH QUESTIONNAIRE: SCREENING FOR COVID-19 THIS QUESTIONNAIRE IS TO BE COMPLETED BY EACH PERSON AT THE COMPETITION VENUE					
1.	Date:				
2.	First Name				
3.	Surname				
4.	Cell phone number				
5.	Identity/passport number				
6.	Date of birth/Age				
7.	Sex	Male		Female	Other
8.	Home address				
9.	Temporary address				
10.	Temperature				
11.	Do you experience any of the following signs and symptoms ?				
a)	Fever	YES		NO	
b)	Cough	YES		NO	
c)	Shortness of breath	YES		NO	
d)	Sore throat	YES		NO	
e)	Loss of taste	YES		NO	
f)	Loss of smell	YES		NO	
12.	Covid-19 testing				
a)	Have you tested positive for Covid-19 in the past 14 days?	YES		NO	
b)	Have you been in contact with someone who tested positive for Covid-19 in the past 14 days?	YES		NO	
If all negative, entry will be allowed.					
If any positive and/or temperature >38 degrees, refer to local health authorities; not allowed in the stadium.					
ALL SECTIONS ARE COMPULSORY AND MUST BE COMPLETED					
ALL INFORMATION WILL BE TREATED ONFIDENTIALLY					