

Race Number

Temperature



APPENDIX 1

**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							