



COVID-19 Screening Questionnaire

This form to be used, in the case of tournaments/High Performance training etc. and submitted in advance of attendance, to the Provincial/National office.

This is for all athletes, officials, coaches, and support staff returning to training and matches.

Full Names :

Contact Number :

Contact Email :

Club **AND** Province :

Residential Address :

Next of kin/ contact of person :
(living at the same house)

(Name & Number)

Have you been in contact with anyone that has had COVID-19?

Do you have sudden onset of any of the following?

- Fever, cough, sore throat, shortness of breath, loss of smell/ taste?

To the best of your knowledge are you currently free of COVID-19?

Should you respond YES to any of the above symptoms, please

- Stay at home
- Practice self-isolation
- Contact a medical professional to discuss your symptoms, and further actions that may be required.

**By signing this form, I hereby declare that I am fit,
and in good health and can resume Training and/or Competition**

Date :
(dd/ mm/ yyyy) _____

Signature : _____