

## COVID-19 QUESTIONNAIRE

The safety of our members, employees, their families and all visitors remains our overriding priority. As the Covid-19 outbreak continues to evolve and spread globally, we are guided by the South African Department of Health, the Centre for Disease Control and Prevention and the World Health Organization as to the protocols needed to minimize the risk of spreading the virus.

Please will every driver fill in this questionnaire - one for every vehicle that comes onto the property - and ensure that all passengers, grooms and coaches in the vehicle or horsebox also fill in the form.

Please print it out and have it ready to hand to the Covid-19 Compliance Officer at the entrance gate. He/she will take the temperatures of the vehicle occupants which you must record on the form before handing it in to him/her.

<b>Driver/Rider Name:</b>	<b>Personal Phone number</b>
<b>Email Address:</b>	<b>ID Number</b>
<b>Vehicle Registration</b>	<b>Signature</b>

<b>Covid-19 Declaration of Visitors/Staff</b>		<b>YES</b>	<b>NO</b>
<b>1</b>	<b>Have you returned from any of the countries listed on Corona Virus FAQ's within the last 14 days?</b>		
<b>2</b>	<b>Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 Days.</b>		
<b>3</b>	<b>Have you been in close contact with anyone who has travelled within the last 14 days to one of the countries listed on Corona Virus FAQ's?</b>		
<b>4</b>	<b>Have you experienced any cold or flu-like symptoms in the last 14 days which may include, the following:</b>		
	<b>FEVER:</b>		
	<b>COUGH:</b>		
	<b>SORE THROAT:</b>		
	<b>REDNESS OF EYES:</b>		
	<b>SHORTNESS OF BREATH:</b>		
	<b>TEMPERATURE taken by Covid-19 officer at the gate:</b>		

**If the answer is "yes" to any of the above questions, access to the grounds will be denied. Please complete for declarations for additional people.**

Covid-19 Declaration : 1 <sup>st</sup> Additional Person			Covid-19 Declaration : 2 <sup>nd</sup> Additional Person			Covid-19 Declaration : 3 <sup>rd</sup> Additional Person		
Name:			Name:			Name:		
Email Address:			Email Address:			Email Address:		
Personal Cell number:			Personal Cell number:			Personal Cell number:		
Signature:			Signature:			Signature:		
	YES	NO		YES	NO		YES	NO
Have you returned from any of the countries listed on Corona Virus FAQ's within the last 14 days?			Have you returned from any of the countries listed on Corona Virus FAQ's within the last 14 days?			Have you returned from any of the countries listed on Corona Virus FAQ's within the last 14 days?		
Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 Days?			Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 Days?			Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 Days?		
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FEVER:			FEVER:			FEVER:		
COUGH:			COUGH:			COUGH:		
SORE THROAT:			SORE THROAT:			SORE THROAT:		
REDNESS OF EYES:			REDNESS OF EYES:			REDNESS OF EYES:		
SHORTNESS OF BREATH:			SHORTNESS OF BREATH:			SHORTNESS OF BREATH:		
TEMPERATURE taken by Covid-19 officer at the gate:			TEMPERATURE taken by Covid-19 officer at the gate:			TEMPERATURE taken by Covid-19 officer at the gate:		