

**COVID-19 DAILY SELF ASSESSMENT SCREENING QUESTIONNAIRE**

**(to be handed in at the access point and/or completed at the access point)**

**If you answer YES to any of the symptom questions you may not continue with training or compete in a show or event, if you do you will not be permitted to enter the training facilities or show/event.**

Name of SAEF Member Rider/Official/Admin	
SAEF number/ID number	
Email Address	
Contact Number	
Physical Address	

Do you have any of the following symptoms?		
Fever (high temperature)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Shortness of breath	Yes	No
Myalgia (general weakness)	Yes	No
Loss of taste (ageusia)	Yes	No
Loss of sense of smell (anosmia)	Yes	No
Body aches	Yes	No
Redness of the eyes	Yes	No
Nausea/vomiting/diarrhoea	Yes	No

I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission to the South African Equestrian Federation to validate any information provided.	
In line with the Protection of Personal Information Act, you are required to give permission for the SAEF to check the accuracy of any information provided. Should it become apparent that the information you have provided is false our disciplinary procedures and processes will apply.	
Signature	
DATE	

