

COVID-19 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. You will not be allowed to enter the training facilities or show/event venue.

Full Name:	
Capacity on day - Rider/Official/Admin/ Groom/ Driver / Acc Adult (if Minor)	
SAEF Number (If appl)	
ESA Number (if appl)	
Contact Number	
Email Address	
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 eyes	YES	NO
Nausea/Vomiting/Diarrhoea	YES	NO

Have you visited or returned from overseas in the last 14 days? YES NO

Please indicate your return date, if you have

Have you been in contact with anyone who has been overseas or has returned from overseas in the past 14 days? YES NO

If yes, please indicate the date of contact

I hereby certify that the information I have provided in this form is correct, complete, true and accurate and I give permission to the South African Equestrian Federation to validate any information.

(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:**