

# 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.

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

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| **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 |

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| I hereby certify that the information I have provided in this form is complete, true and accurate and I givepermission 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 |  |

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