



WOMZA2WHEELS

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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, if you do you will not be permitted to enter the training facilities or show/event.

Name of WOMZA Member Rider/Official/Admin	
LICENSE number	
Email Address	
Contact Number	
Physical Address	

Do you have any of the following symptoms?

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

I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission to World Of Motorsport ZA (WOMZA2WHEELS) 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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