

COVID-19 DAILY SCREENING QUESTIONNAIRE

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| COVID-19 DAILY SCREENING QUESTIONNAIRE | | |
| NAME | | |
| SURNAME | | |
| ID NUMBER | | |
| CELL NUMBER | | |
| FEMALE <input type="checkbox"/> | MALE <input type="checkbox"/> | |
| TEMPERATURE READING | | |
| DATE | | |
| TIME | | |
| SYMPTOMS | YES or NO | COMMENTS |
| Cough | | |
| Sore Throat | | |
| Shortness Of Breath | | |
| Nausea/Vomiting/Diarrhoea | | |
| Fever/Chills Or (High Temperature = 37.5°c) | | |
| Loss Of Taste | | |
| Loss Of Sense Of Smell | | |
| Body Aches | | |
| Fatigue/Weakness/Tiredness | | |
| Persistent Pain Or Pressure In The Chest | | |
| Have you had contact with anyone with cold/flu like illness in the last 14 days? | | |
| Have you been diagnosed with the Coronavirus infection in the last 14 days? | | |
| Have you had any contact with a confirmed COVID-19 case in the last 14 days? | | |
| NAME OF EVENT : | | |
| NAME OF VENUE : | | |
| DATE OF EVENT : | | |
| <p>By completing and submitting this form, I hereby indemnify and hold harmless Motorsport South Africa NPC, all entities associated with the promotion and organization of the competition, the owner/s of any property on which the competition is held, and their respective officials, agents, servants and representatives, against any legal liability should I contract COVID-19 during the competition, regardless of the precautions taken to mitigate the risk. I understand and accept that I am present at the event at my own risk.</p> | | |