



PLEASE PRINT & COMPLETE AND HAND IN AT REGISTRATION – THIS IS COMPULSARY

Athlete COVID-19 Declaration (For contact Tracing)

I, _____ ID NO: _____

Residing at (Address) _____

With contact details (Cell) _____ (Email) _____

Declare that,

- To the best of my knowledge, I am free from the Covid_19 virus.
- I have not had any symptoms of the Covid-19 virus in the 10 days immediately prior to this event
- I have not been in contact with a Covid-19 confirmed or suspected case in the previous 10 days.
- I will comply with the Directors of Regulation 669 as published in the Government Gazette No: 43434 dated 11 June 2020 and regulation 751 as published in the Government Gazette No. 43507 dated the 6th July 2020.
- I will comply and adhere to the provisions of the operational plan of my province / Region.

In Compliance with the Regulations and the directions pertaining to contact tracing, I herewith provide the contact details of a person living in the same residence as me (or that of a work colleague)

COVID – 19 Health Screening Questionnaire

TEMPARTURE MEASURED (On Race day by Race staff) _____

SIGNS / EXAMINATION	YES	NO
Are your eyes red?		
Do you have a cough?		
Do you have shortness of breath		
Do you have a sore throat?		
Do you have a recent loss of taste?		
Do you have a loss of smell?		
Are you Nauseas?		
Are you Vomiting?		
Do you have Diarrhoea?		
Do you have flu like symptoms?		
Are you experiencing body pain?		

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Signature

Place

Date