EASTERN PROVINCE ATHLETICS

	ATHLETE LICENCE NUMBER		**CLUB**
	NAME OF COACH		
	TEMPERATURE		
	TIME IN:	**TIME OUT:**	

HEALTH QUESTIONAIRE: SCREENING FOR COVID-19

THIS QUESTIONAIRE IS TO BE COMPLETED BY EACH PERSON AND SIGNED AT THE COMPETITION VENUE

1	Date						
2	First Name						
3	Surname						
4	Cell phone number						
5	Identity/passport number						
6	Date of birth/Age						
7	Sex	**Male**		**Female**		**Other**	
8	Home address						
9	Temporary address						
10	Do you experience any of the following signs and symptoms ?						
a)	Fever			**YES**		**NO**	
b)	Cough			**YES**		**NO**	
c)	Shortness of breath			**YES**		**NO**	
d)	Sore throat			**YES**		**NO**	
e)	Loss of taste			**YES**		**NO**	
f)	Loss of smell			**YES**		**NO**	
11	Covid-19 testing			**YES**		**NO**	
a)	Have you tested positive for Covid-19 in the past 14 days?			**YES**		**NO**	
b)	Have you been in contact with someone who tested positive for Covid-19 in the past 14 days?			**YES**		**NO**	
c)	Have you travelled at any point in the past fourteen (14) days either internationally or to a community in South African that has experienced or is experiencing sustained community spread of Covid-19			**YES**		**NO**	
d)	Have you been exposed to a confirmed or suspected case of Covid-19 or have been diagnosed with Covid-19 and are not yet cleared as non-contagious by state of local public health authorities or the health care team responsible for your treatment?			**YES**		**NO**	

If all negative, entry will be allowed.

If any positive and/or temperature >38 degrees, refer to local health authorities; not allowed in the stadium.

ALL SECTIONS ARE COMPULSORY AND MUST BE COMPLETED

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact EPA epa@pe.co.za if s/he experiences symptoms of COVID-19 within 14 days after participating or volunteering with an EPA event.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with the race organiser, and I willingly engage in the event

Signature : (OF ATHLETE OF GUARDIAN IF MINOR)	
Date:	

See back page for more information

1. **ASSUMPTION OF THE RISK**. I acknowledge and understand the following:

1.1 Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

1.2 I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and

1.3 I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties

2. **MEDICAL ACKNOWLEDGMENT AND RELEASE**.

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

Signature :	
Date:	