



# COVID-19 SCREENING DECLARATION FOR INDIVIDUALS

Event Date: .....

I, the undersigned, in line with Government Covid Policy pertaining to non-contact sport hereby confirm that:

1. I have familiarised myself with the provisions of U-Tac's plan, policies and procedures regarding COVID-19.
2. I have not experienced any of the following symptoms in the past 14 days:
  - Fever in excess of 38 degrees
  - Cough
  - Sore Throat
  - Shortness of breath (or difficulty in breathing).
  - Body aches
  - Loss of smell or loss of taste
  - Nausea
  - Vomiting
  - Diarrhoea
  - Unusual fatigue
  - Weakness or tiredness.
3. I have not been in contact with other persons, that I am aware of, that suffered/suffer from these symptoms noted in paragraph 2.
4. I have not been in contact with other persons, that I am aware of, that have tested positive for Covid-19.
5. I understand that if I suffer from comorbidities I am more at risk for health complications or death should i contract Covid. I understand and accept the risk.
6. I am not over the age of 60

NAME:	
SURNAME:	
ID NUMBER:	
CELL NUMBER:	
DATE:	
SIGNATURE:	

### FOR MARSHAL/COMPLIANCE OFFICER USE

To ask: has there been any changes to the declaration since you completed the form?  YES  NO

	TIME	TEMP
TEMP1:		
TEMP2:		
TEMP3:		

TEMPERATURES WILL BE TAKEN ON THE DAY

MARSHAL NAME:	DATE:
MARSHAL SIGNATURE:	

	PISTOL 1	PISTOL 2	RIFLE 1	RIFLE 2	RIFLE 3	RIFLE 4
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