

SAFSA (WP) Initial Screening Questionnaire

Full Name	
ID number	
Name of Parent/Guardian of Minor	
ID number of Parent/Guardian	
Tel No	
Email Address	
Coach (if skater)	

Please answer the questions below

1. Are you above the age of 60?	YES	NO
2. Have you recently travelled to any high-risk country or any high-risk area defined under the National Disaster Regulations? (Please ask Person on Duty to explain this question)	YES	NO
3. Have you in the past two weeks interacted with a person who has been found Covid-19 positive?	YES	NO
If YES, provide details.		
4. Have you been diagnosed with COVID-19 previously?	YES	NO
<u>If so, Date of Diagnosis:</u>	<u>Date Cleared by Doctor:</u>	N/A
5. Do you have any condition OTHER than COVID-19 that may present similar symptoms? This is important to know in the event that symptoms present themselves whilst a the rink	YES	NO
IF SO, Please list them:		

Do you have any of the following conditions?

Hypertension, Diabetes, Epilepsy, Asthma, TB, pregnancy, Other co-morbidity?

YES NO

If YES, please provide detail: _____

Do you have any of the following symptoms?

Fever, Cough, Sore Throat, Shortness of Breath, Body Aches, Nausea, Vomiting, Diarrhoea, Fatigue, Loss of Smell or Taste?

YES NO

If YES, please provide detail: _____

Should you answer yes to any of the above WCFSFA will require a medical certificate giving you permission to train with regards to the risk of COVID-19.

List of people residing in the same household as the skater/coach:

NAME	Relationship	Contact details

I hereby declare that all the information furnished above is, to the best of my knowledge, true and correct and that no information has been Omitted or withheld. I hereby grant WPSFA permission to make use of the information in this document to determine my personal COVID-19 risk onsite.

I consent to additional screening measures which may include, but are not limited to, Temperature readings and additional questionnaires. AND that I will complete the DAILY COVID-19 online questionnaire EVERY DAY from the first instance, regardless of whether I am at the rink that day.

I agree that I and my child (if applicable) will adhere to the guidelines imposed upon and by the Ice Station, Grand West Casino & Entertainment World, The South African Figure Skating Association and any relevant government departments and/or authorities, and that due to the current conditions, these may change without notice.

I agree that should I begin to develop or show symptoms, or begin to feel unwell, that I will advise my coach and/or the relevant COVID-19 officer on duty and immediately exit the ice and move to the designated isolation area for the protection of others and for possible evaluation and determination of further action.

I agree that, should I become ill (for ANY reason) that I will inform the COVID-19 Officer and my coach (if applicable) and that I will not return to the rink until I am fit to do so. I also agree that should It be requested of me, that I will supply proof of my fitness by a qualified medical professional and/or any additional motivation before being allowed to return to the Rink.

I agree that I will consider my health/safety and the health/safety of all other skaters, coaches and other persons allowed to be present at the Ice Station as my main priority and will conduct myself in the appropriate manner in this regard.

I confirm that I will furnish SAFSA (Western Province) any and all details pertaining to any medical conditions/contact information (if any) that may be required by myself in an emergency (i.e. pre-existing conditions, acute specialist etc.)

I acknowledge that the protocols, laws and procedures may be subject to change during this time and that I agree to abide by them at all times.

Signature _____

Date: _____

If Minor:

Signature of Parent/Guardian _____

Date: _____