

CBC OLD BOYS SQUASH CLUB
COVID – 19 HEALTH SCREENING DECLARATION

To prevent the spread of the Corona Virus, and to reduce the risk of exposure to our members we ask that you complete and sign the following screening questionnaire.

Full name/surname: _____

ID number: _____

Contact number: _____

Next of kin: _____

Next of kin contact number: _____

SCREENING:

1. Temperature reading: _____
(if exceeds 37.5 degrees c, do not allow access)

2. Do you have or have you had any Covid-19 symptoms?

(If yes, do not allow access)

3. In the last 14 days, were you in close contact with a confirmed/possible Covid-19 case?

(If yes, do not allow access)

4. In the last 14 days, have you worked in or attended a health care facility where patients with Covid-19 were receiving treatment?

(If yes, do not allow access)

5. In the last 14 days, have you used public transport (including airplane flights, bus and taxi services, Metro/Gautrain)?

(If yes, do not allow access)

I hereby declare that I have read and understood the questions above and have provided truthful answers. If you answer "yes" to any of the above, please be advised that you will not be permitted access to the squash courts at this time.

Signed _____

Date _____