



BOXING SOUTH AFRICA

HATFIELD FORUM EAST, 1077 ARCADIA STREET, HATFIELD, 0001,

PRETORIA

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SCREENING QUESTIONNAIRE

1.1 Identification data

		Date	/	/	20	
First Name			Surname			
Identity Number					Age	
Contact Details	Mobile No.:		WhatsApp:			
E-mail						
BSA License	Are you BSA licensee?		Yes	No	Category?	

1.2 Health conditions: Have experienced any of these symptoms in the past 14 days?

Breathing difficulty	Yes	No	Chest pains		Yes	No	
Chest pains	Yes	No	Headaches		Yes	No	
Sore throat	Yes	No	Muscle aches		Yes	No	
Irritated eyes	Yes	No	Night sweats		Yes	No	
Nasal congestion	Yes	No	Fatigue and weakness		Yes	No	
Diarrhea, nausea, vomit	Yes	No	High blood pressure		Yes	No	
Fever	No	Moderate	High				
Cough	No	Moderate	Serious				

1.3 Have you travelled outside of South Africa in the past 14 days?

Y	N
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1.4. Have you been diagnosed with any chronic disease which we should know about?

Y	N
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1.5 Epidemiological history

Do any of your family members or close acquaintance suffer from Covid-19 or is currently under self-isolation/quarantine?	Yes	No	
Has any of your family members or close acquaintances been in contact with someone who suffers from Covid-19 or is currently under self-isolation/quarantine?	Yes	No	
Have you been screened for the Covid-19 symptoms?	Yes	No	
If yes, when was your last screening?	Date/...../20.....	
Have you been tested for Covid-19?	Yes	No	
If yes, when was your last test?	Date:/...../20.....	
In case you were tested, what were the results?	Pos.	Neg.	

I declare that the information expressed herein is correct and truthful, and therefore, I accept that the Medical Committee may perform prior assessment of risk and contact with Covid-19. Likewise, I give my consent for the Medical Committee to handle my personal data for the purpose indicated in the object of this questionnaire.

Declaration

Signed on the.....day of.....2020 at.....(Place)