

Annexure C: Athlete/Coaches COVID-19 Screening

Full names of Sailor:		
Contact Number:		
Residential Address:		
Contact details of person\ s living at same residence:		
Training Venue:		
Have you been in contact with anyone that has had Covid-19?		
Do you have sudden onset of any of the following symptoms? Fever \ Cough \ Sore throat \ Shortness of breath Loss of smell or loss of taste		
Should you respond YES to any of the above symptoms -	*	Stay at home
	*	Practice self-isolation
	*	Contact a medical professional to discuss your symptoms and discuss further actions that may be required
	*	Keep SA Sailing updated on your condition
To the best of your knowledge, are you currently free from Covid-19?		
By signing this document, I hereby declare that I am in good health and can resume training.		
Within 14 days, following interaction between the boat crew and shore-based personal, if either of the parties; <ul style="list-style-type: none"> • Develop symptoms of COVID19, there is a moral duty to contact those who may have been infected and, • Parties are to disclose this information to each other as soon as possible, should this occur. 		
Date:		
Signature:		