SOUTH AFRICAN PRECISION RIFLE FEDERATION

COVID-19 DAILY SELF ASSESSMENT SCREENING QUESTIONNAIRE

(to be handed in at the training/match access point and/or completed at the access point)

If you answer YES to any of the symptom questions you may not continue with training or compete in a match, nor will you be permitted to enter the training or match facilities.

Name of SAPPR Member	
SAPPRF Number	
Email Address	
Contact Number	
Physical Address	

Do you have any of the following symptoms ?	Please indicate	
Fever (high temperature)	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Myalgia (general weakness)	Yes	No
Loss of taste (ageusia)	Yes	No
Loss of sense of smell (anosmia)	Yes	No
Body aches	Yes	No
Redness of the eyes	Yes	No
Nausea / Vomiting / Diarrhoea	Yes	No

I hereby verify that the information that I have provided in this form is complete, true and accurate and I give permission to the South African Practical Precision Rifle Federation to validate any information provided.

In line with the Protection of Personal Information Acct, you are required to give permission to the SAPPRF to check the accuracy of any information provided. Should it become apparent that the information that you have provided is false, then SAPPRF disciplinary procedures and processes will apply.

Signature			
Date		Location	