

BLACK POWDER SHOOTING UNION OF SA COVID-19 SELF-ASSESSMENT HEALTH QUESTIONNAIRE



Please complete this *Self-Assessment Health Questionnaire* for every sports event you will be attending.

Signed questionnaires must be submitted via email to the BPSU Compliance Officer on the **Tuesday prior to the event**. A *hard copy of the signed self-assessment* must be submitted to the Compliance Officer during registration on the day. This self-assessment is only valid for the date of the event when signed.

Please complete this self-assessment in full to assess if it is safe to attend. Please tick (✓) YES or NO. **If you score of more than 5 (≥6) on this questionnaire, you will be advised not to participate.**

Event to be attended: _____ Date of Event: _____

Temp at Registration: _____

Assessment Criteria		Yes	No
1.	I display any of the following symptoms (currently or with recent onset):		
	a) Fever (>37.5°C) or chills	[5]	
	b) Cough	[2]	
	c) Sore throat and difficulty swallowing	[2]	
	d) Shortness of breath or difficulty breathing	[2]	
	e) Unexplained body aches	[1]	
	f) Unexplained fatigue, weakness or tiredness	[1]	
	g) Loss of taste or smell	[2]	
	h) Nausea, vomiting or diarrhea	[2]	
2.	I have been in close contact (face-to-face contact <1.5 meters or in a closed space for at least 15 minutes) with a person suspected of, or a positive COVID-19 case	[5]	
3.	I have the following <i>Medium-</i> and <i>High-Risk</i> comorbidities:		
	a) Age 60-65 years [1] Age 65-70 years [2] Age 70-75 [3] Age > 75 [4]		
	b) <i>Medium-Risk</i> comorbidities (controlled by medication):		
	Hypertension	[1]	
	High cholesterol	[1]	
	Heart disease	[1]	
	c) <i>High-Risk</i> comorbidities:		
	Current or previous TB	[3]	
	Asthma	[3]	
	Diabetes	[3]	
	Obesity	[3]	
	Organ transplant recipient	[3]	
	Cancer	[3]	
	Immunosuppression or taking any immunosuppressive therapy	[3]	
	d) Pregnancy	[3]	
4.	I am aware of the voluntary disclosure process for any or more of the above		

Declaration:			
I, _____ (full name and surname) hereby declare that the information I have stated above is true and correct. Date signed: _____			
Signature		SABU Nr	
Club		Tel Nr	
Compliance Officer Signature			