

# BLACK POWDER SHOOTING UNION OF SOUTH AFRICA 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 WPBA Secretary on the **Wednesday 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 one day, and for the date 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 >8, but wish to participate, please contact the Compliance Officer or BPSU secretary.**

Event to be attended: \_\_\_\_\_ Date: \_\_\_\_\_

Temp at Registration: \_\_\_\_\_

Assessment Criteria		Yes	No
<b>1.</b>	I display any of the following symptoms (currently or with recent onset):		
	a) Fever (>37.5°C) or chills	[3]	
	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]	
<b>2.</b>	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]	
<b>3.</b>	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 [3]		
	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	[2]	
	Asthma	[2]	
	Diabetes	[2]	
	Organ transplant recipient	[2]	
	Cancer	[2]	
	Immunosuppression or taking any immunosuppressive therapy	[2]	
	d) Pregnancy (>28 weeks) (if applicable )	[3]	
<b>4.</b>	I am aware of the voluntary disclosure process for any or more of the above		

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