**Annexure 2**

**COVID-19 SCREENING QUESTIONNAIRE: MEMBER**

Each member will be screened each night of basketing. Temperature screening must be conducted for all members, truck drivers and assistants. Questionnaire screening which is part of screening should be conducted each night of basketing / clocking.

|  |  |
| --- | --- |
| Name of Member | Cell phone no. |
| Club | Chairperson contact no |
| Self-declaration by MEMBER |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Have you travelled outside the province in the last 14 days to an endemic area for the virus?  | Yes | No |
| 2 | In the last 14 days, have you had contact with anyone who has been diagnosed with covid19 or been in contact with someone who has been diagnosed with covid19? | Yes | No |
| 3 | Do you have any of the following symptoms: |  |  |
|  | Fever | Yes | No |
|  | Dry or persistent cough | Yes | No |
|  | Sore throat | Yes | No |
|  | Redness of eyes | Yes | No |
|  | Shortness of breath | Yes | No |
|  | Diarrhea | Yes | No |
|  | Muscle pain | Yes | No |
|  | Have you experienced any loss of taste or smell in the last two weeks | Yes | No |

Right of Admission Reserved

Temperature arrived:

Signature of member: Date:

Access to premises (tick one): Approved Declined

Signature of screening official: Date: