

DAILY SCREENING & CONTACT TRACING MONITORING TOOL

1. All athletes and support crew must be screened before entering the HNP training and racing facility
2. require every athlete and or support crew to report whether they suffer from any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness; and
3. require athletes and support crew to immediately inform the safety officer (Craig Westwood 0838994233) if they experience any of the symptoms in sub-clauses 1 and 2 while at HNP
Site managers must comply with any guidelines issued by the National Department of Health the Department in respect of symptom screening

Details of athlete and or support crew:

Name & Surname		Site	
Contact information		Next of Kin & contact details	

Date (DD/MM)	
Instructions for completion: Mark "Y" if symptom is present and "N" if not.	

Temperature (to be taken at the facility)

Fever	<input type="checkbox"/> Y <input type="checkbox"/> N	Loss of smell/taste	<input type="checkbox"/> Y <input type="checkbox"/> N	Nausea	<input type="checkbox"/> Y <input type="checkbox"/> N	Redness of eyes	<input type="checkbox"/> Y <input type="checkbox"/> N
Cough	<input type="checkbox"/> Y <input type="checkbox"/> N	Sore Throat	<input type="checkbox"/> Y <input type="checkbox"/> N	Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N	Diarrhoea	<input type="checkbox"/> Y <input type="checkbox"/> N
Difficulty breathing	<input type="checkbox"/> Y <input type="checkbox"/> N	Body aches	<input type="checkbox"/> Y <input type="checkbox"/> N	Fatigue	<input type="checkbox"/> Y <input type="checkbox"/> N	Weakness/ tiredness	<input type="checkbox"/> Y <input type="checkbox"/> N

Contact tracing questions:

Please provide details if you answer yes to a question

Do you make use of public transport?	
Which public places have you visited in the last 24 hours (e.g. shopping centre, pharmacy, convenience store)? Please be specific.	
Have you been in contact with someone who has tested positive for the Corona Virus?	
Have you travelled in the last 21 days (out of province, etc)?	
Do you have contact with a Healthcare worker?	
Have you been at a health care facility currently treating patients with Covid – 19?	
Are you recovering from severe pneumonia (hospitalised) recently?	
Are you experiencing any flu like symptoms?	

Signed by entrant

Signed by HNP safety official