WESTERN PROVINCE BISLEY ASSOCIATION
COVID-19 SELF-ASSESSMENT HEALTH QUESTIONNAIRE
2021

Complete this ***Self-Assessment Health Questionnaire*** in full for **every shooting event** you will be attending.

Please **tick (✓) YES or NO** for Questions 1 and 2 (Screening for symptoms of COVID-19 or significant contact with persons with COVID-19). If you answer **YES to any of these questions,** please **stay at home** and consider seeking medical advice to exclude COVID-19 infection.

Please note that if you have any of the **co-morbidities** listed below, or are **over the age of 60 years**, it places you at an **increased risk** of requiring hospital admission with serious illness should you acquire COVID-19. If you do decide to participate in the shoot, you do so at your own risk and cannot hold the WPBA liable if you contract COVID-19 in the process.

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

Event to be attended: _____ **Date of Event:** _____

Select Class: TR A ◯ | TR B ◯ | F Open ◯ | F-TR ◯ | F Sporting ◯ | 303 ◯ | BP ◯

Temperature at registration: _____

Assessment Criteria for Covid-19 symptoms		**Yes**	**No**
1.	I display any of the following **symptoms** (currently or with recent onset):		
	a) Fever (>37.5°C) or chills		
	b) Cough		
	c) Sore throat and difficulty swallowing		
	d) Shortness of breath or difficulty breathing		
	e) Unexplained body aches, fatigue, weakness or tiredness		
	f) Loss of taste or smell		
	g) Nausea, vomiting or diarrhea		
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 positive, for COVID-19 within the past 14 days.		

Please note that the following **co-morbidities** put you at significantly higher risk should you contract COVID-19:

- Age > 60 years (risk increases directly with increase in age)
- Heart disease, hypertension, high cholesterol
- Diabetes
- Overweight / Obesity
- Asthma
- Current or previous TB
- Cancer
- Recipient of organ transplant
- Any immunosuppression therapy, or disease causing depressed immunity (e.g., HIV)

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			