

# ULTIMATE COACHING

Creating EXCELLENCE

## REGISTER TO ENTER FACILITY FOR WORKSHOP: Durbanville Netball Club

## Screening Questionnaire

### Personal Details:

Full Name & Surname	
ID Number	
Address	
Cell	
e-mail	
Reason for Visit	Durbanville Netball Club training
Temperature Reading	

### Do you or have you had any of the following symptoms over the past 7 days:

Symptom	Yes	No	Initial	Symptom	Yes	No	Initial
Fever above 38°				Shortness of Breath			
Body aches				Difficulty in Breathing			
Fatigue or Weakness				Loss of Smell or Taste			
Sore Throat				Loss of Taste			
Cough or wheezing				Nausea / Vomiting / Diarrhea			
Comorbidities				60 years and over			
In the last 14 days, in your community, were you in close contact or living with any person with flu-like symptoms?							
In the last 14 days, in your community, were you in close contact or living with a person with confirmed COVID-19 or a person under investigation for COVID-19?							
Have you worked in or visited a healthcare facility where patients with COVID-19 infections are being treated?							

**Close contact means you were face-to-face (less than 1m) from a person, or you were in a closed space (car, taxi, home, or office) with a person for at least 15 minutes.**

### Contact details of a contact person for in case of emergency:

Full Name & Surname	
Cell	

Signature (Parent or guardian)	
Date	

**IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS YOU SHOULD STAY AT HOME AND INFORM YOUR COMPLIANCE OFFICER AND MEDICAL PRACTITIONER. YOU SHOULD FOLLOW YOUR CURRENT PUBLIC HEALTH GUIDANCE.**

Your co-operation is appreciated



Francois Nel  
Director of Coaching, Ultimate Coaching