



**BOXING SOUTH AFRICA**

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**SCREENING QUESTIONNAIRE**

**1.1 Identification data**

		Date	/	/	20	
First Name			Surname			
Identity Number				Age		
Contact Details	Mobile No.:			WhatsApp:		
E-mail						
BSA License	Are you BSA licensee?	Yes		No	Category?	

**1.2 Health conditions: Have experienced any of these symptoms in the past 14 days?**

Breathing difficulty	Yes		No		Chest pains	Yes		No	
Chest pains	Yes		No		Headaches	Yes		No	
Sore throat	Yes		No		Muscle aches	Yes		No	
Irritated eyes	Yes		No		Night sweats	Yes		No	
Nasal congestion	Yes		No		Fatigue and weakness	Yes		No	
Diarrhea, nausea, vomit	Yes		No		High blood pressure	Yes		No	
Fever	No		Moderate		High				
Cough	No		Moderate		Serious				

1.3 Have you travelled outside of South Africa in the past 14 days?  Y  N

1.4. Have you been diagnosed with any chronic disease which we should know about?  Y  N

**1.5 Epidemiological history**

Do any of your family members or close acquaintance suffer from Covid-19 or is currently under self-isolation/quarantine?	Yes		No	
Has any of your family members or close acquaintances been in contact with someone who suffers from Covid-19 or is currently under self-isolation/quarantine?	Yes		No	
Have you been screened for the Covid-19 symptoms?	Yes		No	
If yes, when was your last screening?	Date	...../...../20.....		
Have you been tested for Covid-19?	Yes		No	
If yes, when was your last test?	Date:	...../...../20.....		
In case you were tested, what were the results?	Pos.		Neg.	

I declare that the information expressed herein is correct and truthful, and therefore, I accept that the Medical Committee may perform prior assessment of risk and contact with Covid-19. Likewise, I give my consent for the Medical Committee to handle my personal data for the purpose indicated in the object of this questionnaire.

Declaration	
Signed on the.....day of ..... 2020 at.....(Place)	