

To be completed by participating cyclists.

<i>HEALTH QUESTIONNAIRE</i>	
Cyclist name & surname	
Date of birth	
Race number	
Telephone number	
Other contact number/WhatsApp number	
Email Address	
Physical home address	

<i>PLEASE ANSWER THE FOLLOWING QUESTIONS:</i>			
Have you been in contact with a confirmed or suspected case of COVID-19?	YES	NO	DON'T KNOW
Have you been to an event with >50 people in the last 14 days?	YES	NO	DON'T KNOW
<i>IF YES, PLEASE INDICATE VENUE & DATE</i>			
Have you had a fever in the last 14 days?	YES	NO	DON'T KNOW
Have you had a cough in the last 14 days?	YES	NO	DON'T KNOW
Have you had difficulty breathing in the last 14 days?	YES	NO	DON'T KNOW

All sections are compulsory and should be completed.

I _____ hereby certify that the above information is true and correct.

Signature of cyclist: _____ Date: _____

This document must be handed to the race official on the day of the race.

To be completed by race officer:

Cyclist Temperature: _____

Race official (Name and Signature) _____

Key information: NDOH website: www.health.gov.za/ NICD website: www.nicd.ac.za

