

Beginners Cricket Academy

COVID-19 Screening Questionnaire

1. Date: _____
2. Name & Surname: _____
3. Current Team: _____
4. Who is your Coach:
 - Coach Linton
 - Coach Pappa
5. Have you travelled outside of Cape Town in 2020?
 - Yes
 - No
6. If yes, please name the areas & dates visited: _____

7. Have you been directly exposed to someone who is suspected or diagnosed with COVID-19?
 - Yes
 - No
 - Not Sure
8. If yes to Question 7, have you been tested for COVID-19?
 - Yes
 - NoDate: _____

9. If yes, what is the result?

- Positive
- Negative
- Still Waiting
- Prefer not to say

10. Please select if you have any of the following symptoms:

- High Fever
- Difficulty Breathing
- Cough
- Persistent Pain or Pressure in Chest
- Body Aches
- Nasal Congestion
- Runny Nose
- Sore Throat
- Diarrhea
- NONE of the above
- Other: _____

11. When did you start experiencing these symptoms?

12. Anything else COVID-19 related you would like us to know?

13. Please take your temperature on your forehead and note it below:

Thank you for completing your form!

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