

Skipper and co-angler screening register detail

Team name: _____

Date: _____ Time: _____

I _____

willingly agree to subject myself to the COVID-19 tournament screening procedures, and

I confirm that the information below is correct, and the questions were answered to the best of my knowledge.

Do you, or your tournament partner, have any of the following physical symptoms:

Physical symptoms screening			
	No	Yes	If "Yes" since when?
1: Dry cough			
2: Chills			
3: Sore throat			
4: Shortness of breath			
5: Vomiting			
6: Diarrhoea			
7: Body pains			
8: New-onset loss of taste and smell			
9: Have you been in contact with a confirmed/suspected – COVID-19 case in the past 14 days?			

Do you understand and undertake to:

- a. Wear face mask, or buff, at all times during captains meeting and weigh-in Y/N
- b. Maintain social distancing of at least two metre from fellow anglers Y/N
- d. Inform the tournament organiser as soon as any symptoms, as mentioned above, are present during the tournament. Y/N

With my signature hereunder, I hereby confirm that my team member and I are in good health and show no signs or symptoms as reflected above. I further confirm that I have presented the tournament organiser with the contact details of my tournament partner for the day.

Signature

Date

Time