

**ANNEXURE C: COVID-19 ATHLETE QUESTIONNAIRE**

1. Have you or anyone living with you experienced any COVID-19 symptoms (i.e., sore throat, cough or fever) over the past 5 days, or do you or anyone living with you have COVID-19?
- Yes  No

**If you answered yes to number 1, please answer the questions below to the best of your ability.**

2. Please specify which of the below mentioned applies to your current situation (**circle the letter of the answer that applies to you and provide an explanation where required**):
- a. I have confirmed COVID-19. I tested positive on the following date: \_\_\_\_\_  
(Provide proof of result).
- b. I have COVID-19 symptoms. Specify what symptoms you are currently experiencing as well as the symptoms you have experienced over the past 5 days):
- \_\_\_\_\_
- \_\_\_\_\_
- c. I am currently under investigation for COVID-19.
- d. I live with someone that has COVID-19.
- e. I live with someone that has COVID-19 symptoms. Specify his/her symptoms as well as the date since when the person has been investigated for COVID-19.
- \_\_\_\_\_
- \_\_\_\_\_

3. If you are in quarantine or self-isolating, on what date did it start? \_\_\_\_\_
4. How long will you be in quarantine and/or self-isolating for? \_\_\_\_\_
- a. What is the expected date that your quarantine/self-isolation period will end?  
\_\_\_\_\_
- b. If the quarantine extends beyond the end date provided, please contact Deslyn Pather at [deslyn@suids.org.za](mailto:deslyn@suids.org.za) to notify her and provide the reasons for this.
5. I hereby grant consent for my medical doctor to provide the required medical information to SAIDS.
- Yes  No

**Athlete name and surname:** \_\_\_\_\_

**Athlete cellular number:** \_\_\_\_\_

**Athlete e-mail address:** \_\_\_\_\_

**Athlete signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_