

SOUTH AFRICAN ASSOCIATION OF MOUNTAIN ENDURANCE SPORT
(S.A.A.M.E.S)

COVID-19 DECLARATION FORM

I the undersigned:

Name: _____

Identity number: _____

Address: _____

Cell nr: _____

Email: _____

Do hereby declare and warrant that within the past 21 (TWENTY ONE) days from the date of signing this form: (delete and initial what is not applicable)

1. I HAVE / HAVE NOT tested positive or pre-emptively positive for the Covid-19 virus or been identified as a potential carrier of the Covid-19 virus;
2. I HAVE / HAVE NOT experienced any symptoms associated with the Covid-19 virus such as temperatures above 38 degree Celsius, dry cough, tiredness, sore throat, loss of smell and taste, diarrhoea, headaches, shortness of breath etc;
3. I HAVE / HAVE NOT been in any location positively designated as hazardous and/or potentially affected with the Covid-19 virus by a recognized health or regulatory authority;
4. I HAVE / HAVE NOT been in direct contact with or in the immediate vicinity of any person who has tested positive with the Covid-19 virus or who was diagnosed as possibly being infected by the Covid-19 virus.

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions.

I further agree to wear a protective mask at all times when so directed and to daily screening and furthermore to abide by all instructions by the organization required to help prevent the risk of the transmission of the Covid-19 virus.

Thus done and signed on the _____ of _____ 2020.

Signed: _____