

Pro Boat Angling Series

SCREENING REGISTER DETAIL

A. Details of Person Tested

1 Details of Person Screened							
Name & Surname							
ID or Passport Number							
Nationality							
Company / Department							
Contact Details		Work		Mobile		Home	
Manager / Host Details		Name & Surname				Mobile	

B. Physical Symptoms Screening

2 Physical Symptoms Screening								
		No	Yes	If "Yes" since when?			No	Yes
1	Dry Cough				7	Myalgia/Body pains		
2	Chills				8	New-onset loss of taste & smell		
3	Sore Throat				9	Have you been in contact with a confirmed/suspected – Covid-19 case – In the past 14 days?		
4	Shortness of Breath							
5	Vomiting							
6	Diarrhoea							

C. Declaration of Person Screened and Signature

3 Declaration of Person Screened & Assessed			
<p><i>I,, declare that I honestly answered all questions and personal details provided is all true & correct.</i></p>			
Signature		Date	
		Time	