Affiliate of FIDE and SASCOC
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Daily Screen Register

**must be completed every day by every player/official/visitor*

DATE	NAME AND SURNAME	BODY TEMPERATURE ON SIGN IN AND SIGN OUT		SYMPTOMS CONSISTENT WITH COVID-19					CONTACT WITH POSITIVE TESTED PERSON FOR COVID-19 (PAST 14 DAYS)' (YES/NO)	SIGNATURE SCREENING OFFICER	SIGNATURE PLAYER/OFFICIAL
		IN	OUT	COUGH (YES/NO)	FEVER (YES/NO)	SHORTNESS OF BREATH (YES/NO)	SNEEZING (YES/NO)	SORE THROAT (YES/NO)			