Appendix 'C'
(Refers to Para 4 of Prospectus)

COVID-19 SELF DELARATION FORM AND DAILY SELF ASSESSMENT SCREENING QUESTIONNAIRE (to be handed in at the access point and/or completed at the access point)

If you answer YES to any of the symptom questions you may not continue with training or compete in a show or event, if you do you will not be permitted to enter the training facilities or show/event.

Name of EFI Member Rider/Official/Admin/Coach/Parent/Groom	
EFI number	
Email Address	
Date of Birth	
Contact Number	
Physical Address	

Do you have any of the following symptoms?		
Fever (high temperature)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Shortness of breath	Yes	No
Myalgia (general weakness)	Yes	No
Loss of taste (ageusia)	Yes	No
Loss of sense of smell (anosmia)	Yes	No
Body aches	Yes	No
Redness of the eyes	Yes	No
Nausea/vomiting/diarrhoea	Yes	No

Contd…2

Personal Travel Declaration

Have you visited or returned from overseas in the last 14 days? **YES** ☐ **NO** ☐

Please indicate your return date, if you have

Have you been in contact with anyone who has been overseas or has returned from overseas in the past 14 days? **YES** ☐ **NO** ☐

If yes, please indicate the date of contact

I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission to the Equestrian Federation of India to validate any information provided.

Signature	
DATE	