**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 | |