



APPENDIX J

DECLARATION BY SUPPORT STAFF AND OFFICIALS OVER THE AGE OF 60 YEARS OLD BEFORE RESUMING TRAINING AND MATCHES

I, (full names and surname),
a member of(Association/Club/Academy/Team),
from (insert residential address),

and with the following contact details:

..... (cell phone number)

..... (e-mail address)

General:

- Everyone is at risk for contracting COVID-19 if they are exposed to the virus.
- Some people are however more likely than others to become severely ill.
- As you get older, your risk for severe illness from COVID-19 increases.
- People who are 60 year and older are at higher risk for severe illness if they get infected with SARS-CoV-2 virus.
- People in the high- risk category as set out above should in the very first instance minimise and manage their potential exposure in the best possible manner as per the various health guidelines

Declare that,

- I am aware of the additional associated risk for contracting COVID-19 with a return to training and playing environment for people over the age of 60.
- I have the required written permission from my treating medical doctor who confirms that I am at no further increased risk from attending and participating in the club training and match environment.
- To the best of my knowledge, I am currently free from the COVID-19 virus,
- I have not had any symptoms of COVID-19 such as in the 14 days immediately before the resumption of training:
Cough, Sore throat, Shortness of breath, Fever (body temperature of 37.5 degrees or more), Loss of smell, Loss of taste, Diarrhoea, Nausea & vomiting, Chills, Body pains and Headaches
- I have not been in contact with a COVID-19 confirmed or suspected case in the 14 days immediately before the resumption of training, and
- I confirm that I do not fall into any of the following high-risk categories: have pre-existing medical conditions such as asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immunocompromised, obesity (BMI over 40) and liver or kidney disease conditions.



To comply with the Regulations and the Directions pertaining to contact tracing, I herewith provide the contact details of a person or persons living in the same residence (as indicated above) as me.

_____ (full name and relationship),

_____ (Contact details) and

_____ (full names and relationships)

_____ (contact details)

Signature

Date