



South Port Sailing Club Racers Invitational Regatta 2020

Crew Self-Assessment Form

Boat Name: _____ **Home club:** _____

Skippers name: _____ Phone #: _____

Address: _____

Crew1 name: _____ Phone #: _____

Address: _____

Crew2 name: _____ Phone #: _____

Address: _____

Crew3 name: _____ Phone #: _____

Address: _____

Crew4 name: _____ Phone #: _____

Address: _____

Please answer YES or NO in the appropriate box	Skipper	Crew1	Crew2	Crew3	Crew4
Have you experienced any of these Covid 19 symptoms in the last 14 days? Cough, shortness of breath, headache, runny nose, fever, sore throat, diarrhea, loss of taste or smell.					
Have you traveled internationally, including the U.S.A., within the last 14 days					
Have you been in contact with anyone who has traveled outside of Ontario in the last 14 days?					
Have you been in close contact with a person who has a confirmed or suspected case of Covid 19 within the last 14 days?					
Are you required to be in self isolation or quarantine based on a Health Care Providers instructions or current health guideline?					

If you have more crew than four, please submit a second form as well.

For the purpose of keeping myself, my crew, and fellow participants safe, I confirm that the responses on this form are accurate.

Skippers signature: _____

Date: _____