

Pre-training Covid-19 health screen

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| Question | Yes / No | More information |
| Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months?* Fever
* New, persistent, dry cough
* Shortness of breath
* Loss of taste or smell
* Diarrhoea or vomiting
* Muscle aches not related to sport/training
 | Yes / No | If ‘Yes’, please provide details: | Will need a medical consultation to confirm they are able to exercise. |
| Have you had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? (e.g. close contact, household member) | Yes / No | If ‘Yes’, please provide details: | Not allowed to train until they have self-isolated for 7 days. |
| Do you have any underlying medical conditions that you have not previously notified to the club? (Examples include: chronic respiratory conditions including asthma; chronic heart, kidney, liver or neurological conditions; diabetes mellitus; a spleen or immune system condition; currently taking medicines that affect your immune system such as steroid tablets) | Yes / No | If ‘Yes’, please provide details: | Will need a medical consultation to confirm they are able to exercise and they are aware of the risk. |
| Do you fully understand the information presented in the Covid-19 Return To Training briefing and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic? | Yes / No |  | If no the information should be explained again and if they still are not aware then they should be advised not to train. |

Able to train: [ ]  Yes | [ ]  No

Medical advice required: [ ]  Yes | [ ]  No

Medical advice received (attach copy): [ ]  Yes | [ ]  No

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| Name of Athlete: |  |  |  |
| Signed: |  | Date: |  |
| If under 18 parent’s signature is required: |  | Date: |  |
| Signed by Covid-19 Officer: |  | Date: |  |