

Pre-training Covid-19 Health Screening Form

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? <ul style="list-style-type: none"> • 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? (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 live with or will you knowingly come into close contact someone who is currently 'shielding' or otherwise medically vulnerable if you return to the training environment?	Yes / No	If 'Yes', please provide details:	They should not be allowed to train due to the risk posed to the shielding person.

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.
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Able to train: Yes | No

Medical advice required: Yes | No

Medical advice received (attach copy): Yes | No

Signed:		Date:	
If under 18 parent's signature is required:		Date:	
Signed by Covid-19 Officer:		Date:	