

# Pre-training Covid-19 health screen

| Question  | Yes / No | More information                  |   |
|---|----------|-----------------------------------|---|
| <p>Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months?</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New, persistent, dry cough</li> <li>• Shortness of breath</li> <li>• Loss of taste or smell</li> <li>• Diarrhoea or vomiting</li> <li>• Muscle aches not related to sport/training</li> </ul> | Yes / No | If 'Yes', please provide details: | Will need a medical consultation to confirm they are able to exercise.                                |
| <p>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)</p>   | Yes / No | If 'Yes', please provide details: | Not allowed to train until they have self-isolated for 10 days.                                       |
| <p>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)</p>   | 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. |
| <p>Do you live with or will you knowingly come in to close contact someone who is currently 'shielding' or otherwise medically vulnerable if you return to the training environment?</p>  | Yes / No | If 'Yes', please provide details: | They should not be allowed to train due to the risk posed to the shielding person.                    |

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|--|----------|--|---|
| 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

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

