



## Health screening survey

The purpose of this survey is to inform and make you aware of the risks involved in returning to training.

If you answer “Yes” to questions 1-4 below, then please give more detail in the area at the end of this form. If you answer “No” to question 5, then please seek advice from the club.

<b>1</b>	<p>Have you had a confirmed Covid-19 infection or any symptoms (listed below) associated 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>	<b>Yes/No</b>
	<p>If seven days post recovery and no symptoms then a gradual return to exercise is permissible but should you have persistent symptoms of breathlessness on exertion then you should consult your usual medical practitioner.</p>	
<b>2</b>	<p>Have you had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? (eg close contact, household member)</p>	<b>Yes/No</b>
	<p>Not allowed to train until you have self-isolated for 14 days.</p>	
<b>3</b>	<p>Do you have any underlying medical conditions?</p> <p>(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>	<b>Yes/No</b>
	<p>If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19 (including age &gt;65) then you should consider the increased risk and may want to discuss this with your usual medical practitioner.</p>	
<b>4</b>	<p>Do you live with or will you knowingly come in to close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable?</p>	<b>Yes/No</b>
	<p>Please be aware of the risks you may present to any vulnerable or shielding individuals that you may come into contact with and the appropriate precautions you should take. The club leaves this issue to your judgement.</p>	
<b>5</b>	<p>Do you fully understand the information presented in the “Return to training declaration” and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic?</p>	<b>Yes/No</b>
	<p>If you do not understand the statements and documents you have been given, then please seek advice from a member of the club’s committee. The club cannot permit participation in training sessions if you do not understand the associated risks.</p>	

If you have answered "Yes" to questions 1–4 above, then please give more detail here:

Signed:		Date:
If under 18, parent's signature		Date:
Signed on behalf of club		Date:

For club use only:

Able to train:  Yes |  No

Sought Medical advice:  Yes |  No

Medical advice received (copy attached or brief summary below):  Yes |  No