

**Covid-19 Screening Form**

The health and safety of our coaches, players and staff is important to us. Due to the ongoing and rapidly changing situation with Covid-19, in order to protect your health and that of your family, friends and colleagues, we require you to complete this form prior to American Football activity taking place.

**This form should be completed by parents / guardians for U18s**

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| Member name: |
| Team: **Brighton & Hove Scorpions American Football Club** |
| Date form completed: |
| Personal Contact Number: |

**1 - SYMPTOM SCREENING**

* I have **NO SYMPTOMS**

If you have the following symptom(s) when presenting to team staff, please tick the relevant box(es)

* **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
* **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
* **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

***If the answer is yes to any of the above, you should not declare yourself as able to return to practice and should follow the guidance on*** [***https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/***](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/) ***straight away.***

## STAY AT HOME IF YOU HAVE CORONAVIRUS SYMPTOMS

**2 – GENERAL SCREENING**

* Have you been in contact with someone who is suspected, or known to have confirmed Covid-19 in the last 14 days? **YES / NO**
* In the last 14 days have you travelled internationally to a destination NOT on the list of countries exempt from quarantine requirements as detailed by the UK Government? **YES / NO**[*https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors*](https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors)
* Have you been in contact with someone with any of the above symptoms in the past 14 days? **YES / NO**

***If the answer is yes to any of the above, you should not declare yourself as able to return to practice and should follow the guidance on*** [***https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/***](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/)***straight away.***

If any of the following apply you may be at higher risk should you contract Covid-19. You should discuss whether returning to American football is safe or appropriate with your GP and club management before attending practice.

a) Had a solid organ transplant

b) Undergoing treatment currently or in last 6 months for any cancer

c) Currently taking or in the last 6 months have taken immunosuppressant medication

d) Have a respiratory condition including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD), emphysema or bronchitis

e) Have any rare diseases or inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell)

f) Are aged 70 or older

g) Are pregnant

h) Have one or more of the following other underlying health conditions - chronic heart disease such as heart failure, chronic kidney disease, chronic liver disease, such as hepatitis, chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy, diabetes, a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets, being seriously overweight (a body mass index (BMI) of 40 or above)

g) Any other condition not listed above that you feel may put you or your family at increased risk should you attend

**By completing and signing this questionnaire, I understand there may be an increased risk associated with taking part in American football activity and the transmission of Covid-19.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Statement**   
The Brighton & Hove Scorpions American Football Club processes this personal data in order to protect the health and safety of the Brighton & Hove Scorpions American Football Club and their associated friends and family.

The personal data provided will be held securely by club management and will not be shared.