Return to Play COVID-19 Health Screening Adults

The purpose of this screen is to inform and make you aware of the risks involved in returning to train

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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
* Persistent, dry cough
* Loss of taste or smell
 | Yes /No | If ‘Yes’, please provide details: | If anyone answers yes to this question, NHS advice is, they should get a test to check if they have coronavirus as soon as possible. Stay at home and do not have visitors until they get their test results – only leave home to get a test. |
| 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 14 days. |
| Do you have any underlying medical conditions? (Examples include: respiratory conditions including asthma; 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: | If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19 (including age >65) then you should consider the increased risk and may want to discuss this with you usual medical practitioner |
| Do you live with or will you knowingly come into close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable if you return to the training environment? | Yes / No | If ‘Yes’, please provide details:  | This is an individual call but awareness of risks and the appropriate precautions should be taken. |

Able to train: [ ]  Yes | [ ]  No

Sought Medical advice: [ ]  Yes | [ ]  No

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| Name: |  |  |  |
| Signature: |  | Date: |  |
| Signed by COVID-19 Officer: |  | Date: |  |