|  |  |  |  |
| --- | --- | --- | --- |
| Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months?* 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: | If 7 days post recovery and no symptoms then a gradual return to exercise is permissible but should symptoms of breathlessness on exertion persist then you should consult your usual medical practitioner.  |
| 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: chronic respiratory conditions including asthma; chronic heart, kidney, liver or neurological conditions; diabetes mellitus; any condition of the immune system, making you more vulnerable to infection; 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 in to 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. |
| Have you travelled abroad within the last 14 days? | Yes/No | If ‘Yes’ please provide details. | Please discuss with the Covid 19 lead before attending any session within 14 days of return. |
| Do you fully understand and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic? Although all possible steps have been taken to reduce the risk of infection, an absolute guarantee cannot be given. | Yes / No |  | If you still have concerns which cannot be resolved by discussion with the Covid 19 lead, you may take the personal decision not to train. |

Able to train: [ ]  Yes | [ ]  No

Sought Medical advice: [ ]  Yes | [ ]  No

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

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by club member:Also PRINT name |  | Date: |  |
| If under 18 parent’s signature is required:Also PRINT name |  | Date: |  |
| Signed by Covid-19 Officer: |  | Date: |  |