Pre-Training Health Survey

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

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| NAME |  | SQUAD | |
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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 * New, persistent, dry cough * Shortness of breath * Loss of taste or smell * Diarrhoea or vomiting * Muscle aches not related to sport/training |  | If ‘Yes’, please provide details: | |
| 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) |  | If ‘Yes’, please provide details: | |
| 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) |  | 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 |

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| 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? |  | If ‘Yes’, please provide details: |
| 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? |  | Any further comments: |

Able to train:  Yes |  No

Sought Medical advice:  Yes |  No

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

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