Pre-training Covid-19 health screen form

The purpose of this health screen form is to inform and make you aware of the risks involved in your child return to training.

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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 | Yes / No | If ‘Yes’, please provide details: | Please do not attend training until 7 days post recovery and no symptoms then a gradual return to exercise is permissible but should persistent symptoms of breathlessness on exertion 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: | Please do not attend training until they have self-isolated for 14 days and have developed no symptoms. |
| 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) | Yes / No | If ‘Yes’, please provide details: | If you have an underlying medical condition that makes them more susceptible to COVID-19 and potential complications then you should consider the increased risk and may want to discuss this with your usual medical practitioner prior to returning to training. |
| Do you live with or will they knowingly come in to close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable if they 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

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

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| Medical information: |
| Please make note of any other relevant comments/ information you feel is important for the Team/Coaches to be aware of in relation to you returning to training during the COVID-19 pandemic: |

By signing this form I consent to the club using my personal data for the protection and safeguarding of my health as well as safeguarding wider public health in response to the impact of Covid-19 on club training activities. I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

By signing this form I agree to contact the Covid Lead (Amy Caine) or Covid Squad Liaison (see website for contact name) if any of the responses to the above health screen questions change. If you have answered yes to any of the above questions, you may be contacted by the club’s Covid Lead (Amy Caine) for further details/discussion regarding individual risk assessment.

For further details of how we process your personal data or your child’s personal data please view our Privacy Policy.

The Privacy Policy can be found on the Barrow ASC Facebook page at: <http://www.barrowasc.co.uk/member-information/policies/privacy-policy/>

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| Name of member: |  | Emergency Contact: |  |
| Signature: |  | Date: |  |

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| Notes of Covid Lead : |  | | |
| Signed by Covid-19 Lead: |  | Date: |  |