

## CLUB MEMBER HEALTH STATUS QUESTIONNAIRE

Members returning to training during the COVID-19 Pandemic are required to COMPLETE AND RETURN this questionnaire.

Data will be kept confidential, and stored to facilitate contact tracing and health monitoring.

Date:

Name:

Date of Birth:

### 1. In the last 4 weeks have you been unwell with any of the following symptoms:

High Temperature/Fever or chills	Y	N
Cough	Y	N
Runny Nose	Y	N
Sneezing	Y	N
Shortness of Breath	Y	N
Sore throat	Y	N
Loss of taste	Y	N

### 2. At any time since January 2020, have you

A) Been tested for COVID-19 and it was negative (normal)	Y	N
B) Been tested for COVID-19 and it was positive (you had COVID-19)	Y	N

### 3. In the last 14 days, have you

Been in contact with anyone confirmed or suspected to have COVID-19?	Y	N
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4. Do you currently feel UNWELL in any way?	Y	N
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5. Do you have any concerns about your general health, and risk of COVID-19?	Y	N
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If Yes, Have you spoken to your General Practitioner or Medical Specialist

regarding your concerns?	Y	N
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**If you answered yes to any of the above questions EXCEPT 2A, you are required to contact your GP or Healthline (0800 358 5453) PRIOR to resuming training**

I agree to abide by the protocols of the club while training at their facility, and will advise immediately if my health situation changes;

NAME:

SIGNATURE:

DATE: