A close up of a logo

Description automatically generated



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

**Triathlete Name: Emergency Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 two weeks?   * Fever * Persistent, dry cough * Loss of taste or smell | 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) | 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). | 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? | 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

|  |
| --- |
|  |

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