

Return to Play COVID-19 Health Screening for Young People

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

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| Question | Yes / No | More information |
| Has your son/daughter had confirmed COVID-19 infection or any symptoms (listed below) in keeping with COVID-19 in the last five months?* Fever
* Persistent, dry cough
* Loss of taste or smell
 | Yes / 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. |
| Has your son/daughter had any 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: | Your son/daughter is not allowed to train until they have self-isolated for 14 days. |
| Does your son/daughter 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) | Yes / No | If ‘Yes’, please provide details: | If your son/daughter has an underlying medical condition that makes them more susceptible to poor outcomes with COVID-19 then you should consider the increased risk and may want to discuss this with their usual medical practitioner |
| Does your son/daughter live with or will knowingly come into 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 a parents call but awareness of risks and the appropriate precautions should be taken. |
| Does your son/daughter 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? | Yes / No |  | Additional explanation required in this circumstance and if understanding is not forthcoming, they should be advised not to train. |

Able to train: [ ]  Yes | [ ]  No

Sought Medical advice: [ ]  Yes | [ ]  No

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| Child’s Name: |  |  |  |
| Parents Name: |  |  |  |
| Parent’s signature: |  | Date: |  |
| Signed by COVID-19 Officer: |  | Date: |  |

Note:

1. This is a **Return to Play** form to be used on a club member’s return to activity; it does not have to be completed prior to every session. However, it is advisable the session coach/lead asks the same questions of the participants prior to the session commencing. See here for [Pre-Session Participant Health Questionnaire](https://www.triathlonengland.org/resources/club-information/templates-and-guidance).
2. It is advisable a nominated club committee member, possibly the Club COVID-19 Officer, to collect the **Return to Play** forms to ensure all club members have completed pre-screening prior to returning to club activity.
3. If anyone has any concerns about COVID-19 symptoms, when to self-isolate or how to get a test they should read the NHS guidance here: <https://www.nhs.uk/conditions/coronavirus-covid-19/>