**Self screening checklist prior to any match or training session**

Name:

Team:

Date:

|  |  |  |
| --- | --- | --- |
| Each participant should self-screen prior to arrival at training to ensure they do not have any of the following symptoms (Confirmed by a parent for those u18), as these are potential indicators of Covid-19 infection. | Check Negative  | Check Positive  |
| A high temperature above 37.8c  |  |  |
| A new continuous cough  |  |  |
| Shortness of breath  |  |  |
| A sore throat  |  |  |
| Loss of or change in normal sense of taste or smell  |  |  |
| Feeling generally unwell  |  |  |
| Persistent tiredness |  |  |
| Been in close contact with/living with a suspected or confirmed case of Covid-19 in the previous two weeks  |  |  |

**If any checks return a positive result the player must not attend the session**