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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

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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: | If 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: | 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). | Yes / 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? | Yes / No | If ‘Yes’, please provide details: | This is an individual call but awareness of risks and the appropriate precautions should be taken. |
| Do you 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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| --- | --- | --- | --- |
| Name: |  |  |  |
| 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.