**COVID-19: Pre-Session Participant Health Questionnaire**

This questionnaire is to screen for possible symptoms of COVID-19 on arrival to any club session/activity to ensure it is appropriate for athletes and coaches to participate. The session coach/lead should ask all participants the following questions at the beginning of each session. If any participant answers yes, they should be asked to isolate and contact their GP

This is in addition and above to the normal pre activity questions which are listed at the bottom of this page.

**Today or at any point in the last 14 days have you had:**

|  |  |  |
| --- | --- | --- |
| **COVID-19 Questions on Symptoms** | **YES** | **NO** |
| A Fever? |  |  |
| A Cough? |  |  |
| Any shortness of breath? |  |  |
| Any chest pain or tightness? |  |  |
| A sore throat or hoarse voice? |  |  |
| Abnormal fatigue or drowsiness? |  |  |
| Any loss of taste or smell? |  |  |
| Any abdominal pain, vomiting or diarrhoea? |  |  |
| Any confusion or disorientation? |  |  |
| A headache? |  |  |
| A different joint or muscle pain |  |  |
| Any new rashes? |  |  |
| Has any member of your household or someone that you have been in contact with reported any of the above symptoms in the last 14 days? |  |  |

**If anyone answers yes to the above questions, they should be asked to self-isolate for 14 days.**

|  |  |  |
| --- | --- | --- |
| **Pre-Session Fitness Related Questions** | **YES** | **NO** |
| Have you recently suffered any form of injury? |  |  |
|  |  |  |
| Do you have any form of under lying illness, such as?   * Asthma * Epilepsy * Suffering from any immune deficiency * Receiving any form of medication that might affect you during the session |  |  |
| Do you have chest pain when performing physical activity? |  |  |
| Are you pregnant or have you given birth in the last 6 months? |  |  |
| Do you have a bone or joint problem that causes you pain when exercising? |  |  |
| Have you had recent surgery? |  |  |
| Do you have any other limitations that must be addressed when developing an exercise plan (i.e. diabetes, high blood pressure, high cholesterol, arthritis, back problems etc.)? |  |  |
| Receiving any form of medication that might affect you during the session |  |  |

If anyone answers yes to the above questions they should be asked if they can continue with the activity. If they are under sure they should seek further medical advice from their GP.