Team COVID-19 Screening Document

Venue:	BURY OLDHAM STOCKPORT WARRINGTON		
	INDOORS ☐	OUTDOORS ☐	
Activity:	TRAINING ☐	MATCH ☐	
Sport:	BASKETBALL ☐	NETBALL ☐	
League (if a match):			
Date:		Time:	
Name of team:		Name of Club:	
Name of screener:		Tel:	
Name of coach:		Tel:	
Name of scorer:		Tel:	

Screening questions:

1. What is your temperature prior to entering the venue?
2. Have you been in contact with anyone with or suspected of having COVID-19 in the last 48 hours?
3. Has anyone in your household had COVID-19 symptoms in the last 2 weeks?
4. Have you been advised to self-isolate due to an infection within another setting, such as school or work?
5. Have you returned from a foreign country in the past 14 days, one without a travel bridge and therefore should be in quarantine?
6. Do you have a new persistent cough?
7. Have you had any loss of taste or smell?
8. Do you have any Underlying health conditions that would put you at further risk should you contract COVID-19?
    - Cardiovascular problem
    - High blood pressure
    - Diabetes
    - Chronic kidney or liver disease
    - Compromised immunity diseases
    - Obesity (BMI 40+)

PLEASE INFORM THE CENTRE DUTY MANAGER IF ANY INDIVIDUAL IS FOUND TO BE POSITIVE.

Player Name	Age	1 Temp (°C)	2 Contact within 48 hours? Y/N	3 Household symptoms? Y/N	4 Self-isolating from school / work? Y/N	5 Returned from travel? Where? Y/ N	6 New persistent cough? Y/N	7 Loss of taste or smell? Y/N	8 Underlying illness? Y/N