TEAM: _____ CLUB: _____LEAGUE: _____

APPENDIX 3:

Coach Name: _____ Tel. _____

Scorer Name: _____ Tel. _____

COVID officer: _____Tel. _____

BASKETBALL ENGLAND COVID-19 SCREENING DOCUMENT

Date and Time: _____

Venue (state whether indoor/outdoor): _____

Name of individual conducting the screening: _____

PLEASE INFORM CLUB COVID-19 OFFICER IF ANY INDIVIDUAL IS FOUND TO BE POSITIVE.

Screening questions:

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

Name	Age	Temp	Contact within 48 Hrs (Y/N)	Loss of smell or taste (Y/N)	New persistent cough (Y/N)	Underlying illness (Y/N)	Returned from Travel? Where? (Y/N)	Self-Isolating from School/ Work (Y/N)