

PAVIORS RFC PARENTAL PRE-RETURN TO RUGBY CHILD HEALTH ASSESSMENT DECLARATION

Should you answer **YES** to any of the questions below you and your child should **NOT** attend your club and before you or your child return you should follow appropriate medical advice and guidelines.

QUESTION	YES	NO
1 Have you or your child been in close contact (<1m for 15minutes or more) with anyone who is confirmed to have had COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you or your child been in close contact (<1m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3A Do you or your child live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3B Have you or your child travelled from a high-risk region/country within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you or your child suffering, or have you or your child suffered any of the following symptoms in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
A A high temperature	<input type="checkbox"/>	<input type="checkbox"/>
B A new continuous cough	<input type="checkbox"/>	<input type="checkbox"/>
C Short of breath	<input type="checkbox"/>	<input type="checkbox"/>
D A Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
E Loss of or change in normal sense of taste or smell.	<input type="checkbox"/>	<input type="checkbox"/>
F Feeling generally unwell	<input type="checkbox"/>	<input type="checkbox"/>
G Persistent tiredness	<input type="checkbox"/>	<input type="checkbox"/>

Parents should self – screen both themselves and their child prior to leaving home for training/matches to ensure they do not have any of the above symptoms.

Players: NAME

Parents; NAME

SIGNATURE

DATE