



Appendix - 1

COVID SYMPTOM SCREENING QUESTIONNAIRE 2020

As you will be aware, as a result of the Covid-19 Pandemic. You will be required to complete this questionnaire before every training session and match. This is to protect your health and safety, and those of others at the club.

Today, have you had?

COMPLAINT	NO	YES
New cough*		
Fever/Temperature*		
Unusually Short of Breath during exercise or at rest*		
Loss of Smell*		
Loss of Taste*		
Red Eyes or Sticky Eyes		
New Abdominal Pain or Diarrhoea		
New Blocked/Runny Nose		
New unusual fatigue with muscle and joint pains		
Have you been abroad in the last 14 days		
Headache		
Feeling generally unwell in any other way		

If you have had any of these symptoms, please do not attend training or matches

*Indicates most sensitive symptoms Objective fever defined as 37.5oC

*Most individuals that are positive for Covid-19 do not appear to have fever