**Junior Reds Self Check Assessment**

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| **Each participant should self-screen prior to arrival at training or** |   |   |   |
| **football activity to ensure they do not have any of the following** |   | **Yes** | **No** |
| **symptoms as these are the potential indicators of COVID-19 infection** |   |   |
| Temperature above 37.8C |   |   |   |   |
| New continuous cough |   |   |   |   |
| Shortness of breath |   |   |   |   |
| Sore throat |   |   |   |   |
| Loss of or change in normal sense of taste or smell |   |   |   |   |
| Feeling generally unwell |   |   |   |   |
| Been in contact with or living with a suspected or |   |   |   |   |
| confirmed case of COVID-19 in the previous two weeks |   |   |   |   |
| **Participant Name:** | **Date:** |   |   |   |