**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:** |  |  |  |