**APPENDIX 3:**

# **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 10 days, one on the UK Government amber or red Travel List 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 a runny nose or headache?
* 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+)

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| **Name** | **Age** | **Temp** | **Contact within****48 Hrs****(Y/N)** | **Runny Nose or Headache****(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)** |
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