



STFC COVID-19 Training / Entry Questionnaire

NAME _____

TEAM NAME & AGE

GROUP _____

Question	YES	NO
Do you have a high temperature (above 37.8 degree C)?		
Have you developed a new continuous cough?		
Are you suffering shortness of breath or a sore throat?		
Have you lost or has there been a change in normal sense of		
Are you feeling unwell?		
Have you come into contact with anyone that has shown the		
Do you need to shield from COVID-19?		
Do you live with or have regular contact with a person that		

DATE OF
TRAINING _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THEN DO NOT ATTEND TRAINING, REMAIN HOME AND SEEK MEDICAL ADVICE.

BY ANSWERING YES TO ANY OF THE ABOVE QUESTIONS WILL PREVENT YOUR ENTRY INTO THE STFC GROUND FOR SAFETY REASONS.

Signature of Player (parent/guardian if under 18)
