

## Return to Play COVID-19 Health Screening for Young People

The purpose of this screen is to inform and make you aware of the risks involved in returning to train

Question	Yes / No	More information	
Has your son/daughter had confirmed COVID-19 infection or any symptoms (listed below) in keeping with COVID-19 in the last five months? <ul style="list-style-type: none"> <li>Fever</li> <li>Persistent, dry cough</li> <li>Loss of taste or smell</li> </ul>	Yes / No	If 'Yes', please provide details:	If anyone answers yes to this question, NHS advice is, they should get a test to check if they have coronavirus as soon as possible. Stay at home and do not have visitors until they get their test results - only leave home to get a test.
Has your son/daughter had any known exposure to anyone with confirmed or suspected COVID-19 in the last two weeks? (e.g. close contact, household member)	Yes / No	If 'Yes', please provide details:	Your son/daughter is not allowed to train until they have self-isolated for 14 days.
Does your son/daughter have any underlying medical conditions? (Examples include: respiratory conditions including asthma; heart, kidney, liver or neurological conditions; diabetes mellitus; a spleen or immune system condition; currently taking medicines that affect your immune system such as steroid tablets)	Yes / No	If 'Yes', please provide details:	If your son/daughter has an underlying medical condition that makes them more susceptible to poor outcomes with COVID-19 then you should consider the increased risk and may want to discuss this with their usual medical practitioner
Does your son/daughter live with or will knowingly come into close contact with someone who is currently 'shielding' or otherwise medically vulnerable if they return to the training environment?	Yes / No	If 'Yes', please provide details:	This is a parents call but awareness of risks and the appropriate precautions should be taken.
Does your son/daughter fully understand the information presented in the COVID-19 Return to Training briefing and accept the risks associated with returning to the training environment in relation to the COVID-19 pandemic?	Yes / No		Additional explanation required in this circumstance and if understanding is not forthcoming, they should be advised not to train.

This is an advisory template for club use. Information can be added or removed to suit the needs of the club as long as it meets British Triathlon guidelines.

Able to train: ☐ Yes | ☐ No

Sought Medical advice: ☐ Yes | ☐ No

Child's Name:			
Parents Name:			
Parent's signature:		Date:	
Signed by COVID-19 Officer:		Date:	

Note:

1. This is a **Return to Play** form to be used on a club member's return to activity; it does not have to be completed prior to every session. However, it is advisable the session coach/lead asks the same questions of the participants prior to the session commencing. See here for [Pre-Session Participant Health Questionnaire](#).
2. It is advisable a nominated club committee member, possibly the Club COVID-19 Officer, to collect the **Return to Play** forms to ensure all club members have completed pre-screening prior to returning to club activity.
3. If anyone has any concerns about COVID-19 symptoms, when to self-isolate or how to get a test they should read the NHS guidance here: <https://www.nhs.uk/conditions/coronavirus-covid-19/>