Northstowe Basketball Club COVID-19 Screening Document

Date and Time:

Venue: Northstowe Secondary College Sports Hall

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 14 Days?
- 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?
- Have you returned from a foreign country in the past 14 days, one without a travel bridge 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 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+)

Name	Age	Temp	Contact within 14 Days (Y/N)	Loss of smell or taste (Y/N)	New persistent cough (Y/N)	Underlying illness (Y/N)	Returned from Travel? Where? (Y/N)