



Covid-19 Pre-Training Risk Assessment

Name of Attendee	Address					Date of Birth
Parent/Guardian signature: _____	Parent/Guardian contact number:					
	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training
	Answer Yes /No	Answer Yes /No	Answer Yes /No	Answer Yes /No	Answer Yes /No	Answer Yes /No
Do you have any symptoms of Covid-19?						
Does any member of your household have symptoms of Covid-19?						
Do you have a fever above 37.4 degrees?						
Are you or any member of your household awaiting swab testing for suspected Covid-19?						
Have you or any member of your household been in contact with anyone with Covid-19 in the last 14 days?						
Have you or any members of your household been advised by a GP to self-isolate?						
Have you been overseas in the last 14 days?						
Signature of Coach/ Covid-19 co-ordinator for each session:						

Please note: If you answer "Yes" to any of the risk-assessment – please do not attend the training session. By turning up to training each week we understand you have self-assessed and fulfilled the criteria to attend training as laid out in this form. If your child develops any symptoms of Covid-19 – please contact your GP and inform the club/coach or Covid-19 safety officer.

Many thanks – Inbhear Dee A.C