

## COVID-19: Pre-Session Participant Health Questionnaire

This questionnaire is to screen for possible symptoms of COVID-19 on arrival to any club session/activity to ensure it is appropriate for athletes and coaches to participate. The session coach/lead should ask all participants the following questions at the beginning of each session. If any participant answers yes, they should be asked to isolate and contact their GP

This is in addition and above to the normal pre activity questions which are listed at the bottom of this page.

**Today or at any point in the last 14 days have you had:**

COVID-19 Questions on Symptoms	YES	NO
A fever?		
A persistent dry cough?		
Loss of taste?		
Loss of smell?		

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.

Advice is available on the NHS website: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Pre-Session Fitness Related Questions	YES	NO
Have you recently suffered any form of injury?		
Do you have any form of under lying illness, such as? <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Epilepsy</li> <li>• Suffering from any immune deficiency</li> <li>• Receiving any form of medication that might affect you during the session</li> </ul>		
Do you have chest pain when performing physical activity?		
Are you pregnant or have you given birth in the last 6 months?		
Do you have a bone or joint problem that causes you pain when exercising?		
Have you had recent surgery?		
Do you have any other limitations that must be addressed when developing an exercise plan (i.e. diabetes, high blood pressure, high cholesterol, arthritis, back problems etc.)?		
Receiving any form of medication that might affect you during the session?		

If anyone answers yes to the above questions they should be asked if they can continue with the activity. If they are unsure, they should seek further medical advice from their GP.

I declare that to the best of my knowledge the above answers are true and that I am fit and healthy to take part in triathlon without posing a risk to myself, my fellow competitors, race officials, event volunteers and spectators.

Competitor:	Signature:
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