



**Locksheath Pumas RUFC**



TEAMWORK  
RESPECT  
ENJOYMENT  
DISCIPLINE  
SPORTSMANSHIP



RUGBY'S VALUES  
MAKE US  
WHO WE ARE



## **Covid 19 Screening Check**

(to be completed in advance and handed in on arrival)

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Number in group: \_\_\_\_\_

I declare that nobody in my group attending training is showing any of the following symptoms or has been in close contact in the past 14 days with anyone displaying symptoms:

- \* High temperature or fever (37.8 or above)
- \* New continuous cough
- \* Sore throat
- \* Loss of or change in sense of smell or taste
- \* Shortness of breath or any difficulty breathing
- \* Persistent tiredness
- \* Feeling generally unwell
- \* Travelled from a high risk region

We understand that our temperatures will be taken on arrival and if anyone tests over the threshold, the whole group will be requested to return home and will not be able to participate in training or spectating.

We agree to this information being held on file for 21 days as per current test and trace guidelines.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_