



## COVID-19 Return to Club Training and Activities Health Check

HEALTH CHECK LIST FOR ATTENDING FCB TRAINING has instituted physical (social) distancing measures consistent with government advice. It is essential for your own health, the health of your family and the health of the community that health, hygiene and physical distancing are always adhered to while at training. It is essential that club members do NOT attend training if they are sick, unwell, or have a new illness especially a fever, sore throat, cough, shortness of breath or other respiratory symptoms. Anyone intending to attend must complete the following checklist first and provide to the team coach before commencing your first training session:

### Requestor Details

1. Player Full Name - .....
2. Email Address - .....
3. FFA ID - .....
4. Mobile Phone Number - .....
5. Are you currently required to self-quarantine (self-isolate)?  
*For more information see: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#who-is-required-to-self-quarantine>*
  - YES / NO (please circle)
6. Have you been tested for COVID-19 and are waiting for a test result?
  - YES / NO (please circle)
7. Have you been in close contact with a confirmed case of COVID-19?  
*\*(excluding contact required as a health care worker in a health care setting with full personal protective equipment)*
  - YES / NO (please circle)
8. Have you returned from overseas in the past 14 days
  - YES / NO (please circle)

9. Are you currently experiencing ANY of the following symptoms?  
*Fever Sore throat Cough Shortness of breath, other respiratory symptoms Feeling run down/fatigue*

- YES / NO (please circle)

10. Have you returned from interstate travel in the past 14 days?

- YES / NO (please circle)

11. Have you had a new illness with ANY of the following symptoms in the past 14 days?

*Fever Sore throat Cough Shortness of breath, other respiratory symptoms Feeling run down/fatigue*

- YES / NO (please circle)

12. To the best of your knowledge, in the past 14 days have you been in close contact with ANY person who:

*i. has been in close contact with a case of COVID-19? ii. was sick or unwell with a new illness, especially a fever, sore throat, cough, shortness of breath or other respiratory symptoms?*

Definition of close contact: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#how-do-you-define-close-contact>

- YES / NO (please circle)

13. I have read the FCB COVID-19 Return to training document

- YES / NO (please circle)

14. Player Signature (Parent / Guardian if player under 18 years of age)

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