



# WOKING BLACKHAWKS BASKETBALL CLUB

www.wokingblackhawks.co.uk  
www.blackhawks-basketball.co.uk

July 2020

**DRAFT**

## COVID-19 Session Screening Document

Date \_\_\_\_\_ Time \_\_\_\_\_

Venue \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_

Screening Undertaken By \_\_\_\_\_

**Screening questions:**

1. Have you been in contact with anyone with or suspected of having COVID-19 in the last 48 hours?
2. Has anyone in your household had COVID-19 symptoms in the last 2 weeks?
3. Have you been advised to self-isolate due to an infection within another setting, such as school?
4. Do you have a new persistent cough?
5. Have you had any loss of taste or smell?
6. Do you have any underlying health conditions that would put you at further risk should you contract COVID-19?
7. Cardiovascular problems
8. High blood pressure
9. Diabetes
10. Chronic kidney or liver disease
11. Compromised immunity diseases
12. Obesity (BMI 40+)

Name	Body Temperature		Screening Questions				OK to Play**	
	Recorded Temperature	Is Temp 37.8° or above?	Any Positive Responses	To Which Question Numbers		YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	
		YES No		YES	No	YES	No	

**\*\* Note - Anybody who is deemed not able to play must not be allowed to train or play. The Club Covid Officer must be informed immediately**