



**SELF-SCREENING CHECK LIST PRIOR TO EACH BRENTFORD FCCST SESSION**

Self-checks are very important in identifying who has possible symptoms of Covid-19 infection, as this helps reduce those with the infection attending any activity and transmitting the infection to others. This quick check should be done before arriving at each session so those who trigger a positive answer, can stay away to protect everyone.

Participant Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Parent Name & Contact Number: \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>EACH PARTICIPANT SHOULD SELF-SCREEN PRIOR TO ARRIVAL AT TRAINING TO ENSURE THEY DO NOT HAVE ANY OF THE FOLLOWING SYMPTOMS (CONFIRMED BY A PARENT FOR THOSE UNDER AGE 18), AS THESE ARE POTENTIAL INDICATORS OF COVID-19 INFECTION</b>	<b>CHECK NEGATIVE</b>	<b>CHECK POSITIVE</b>
A high temperature (above 37.8°C)  • Brentford FCCST will take an on-site temperature check of participants as they arrive at the session. This will be recorded on the register.	<input type="checkbox"/>	<input type="checkbox"/>
A new continuous cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath.	<input type="checkbox"/>	<input type="checkbox"/>
A sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Loss of or change in normal sense of taste or smell.	<input type="checkbox"/>	<input type="checkbox"/>
Feeling generally unwell.	<input type="checkbox"/>	<input type="checkbox"/>
Persistent tiredness	<input type="checkbox"/>	<input type="checkbox"/>
Been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks.	<input type="checkbox"/>	<input type="checkbox"/>

