

Albion Sports Juniors Pre Training COVID 19 Form

Date :

Childs Name (required)

Your Parents Name (required)

Email

Telephone (required)

Age group

Under 5		Under 11	
Under 6		Under 12	
Under 7		Under 13	
Under 8		Under 14	
Under 9		Under 15	
Under 10		Under 16	

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Do you have a high temperature? (above 37C) ?

Yes

No

Do you have a new continuous cough?

Yes

No

Do you have a shortness of breath?

Yes

No

Do you have a sore throat?

Yes

No

Do you have a loss of or change in normal sense of taste or smell?

Yes

No

Do you Feel generally unwell?

Yes

No

Have you been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks?

Yes

No