**Pre- Attendance Symptom Check**

The purpose of the questionnaire is you as part of the Netball Family to screen for possible symptoms of COVID-19 infection.

Our number one aim is to promote and maintain the health and safety of all our Netball Family.

So Please help up by answering the questions honestly and accurately before you leave for any netball activity.

Today or at any point in the last seven days have you experienced:

|  |  |  |
| --- | --- | --- |
| COVID -19 Symptoms | Yes  | No  |
| A Fever  |   |   |
| A new, continuous cough  |   |   |
| Any loss or change to your sense of taste or smell |   |   |
| Has any member of your household or someone you have been in contact with reported any of the above symptoms in the last 14 days  |   |   |
| Has member of your household or someone that you have been in contact with tested positive for COVID- 19 in the last 14 days? |   |   |
| Have you been notified by the NHS Test & Protect system that you are a close contact of someone with a Known COVID-19 infection in the last 14days  |   |   |

If you have answered yes to any of the question above please follow Scottish government advice on Test & Protect which can be found [here](https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/).