



For the safety of everyone around you as well as for yourself, your family and those living in your home, please answer the following questions:

	Yes	No
1. Have you or anyone in your home tested positive for COVID-19?		
2. Do you have a cough?		
3. Do you have a temperature above 37.8°C ?		
4. Do you have shortness of breath or difficulty breathing?		
5. Do you have chills?		
6. Do you have repeated shaking with chills?		
7. Do you have unexplained muscle pain?		
8. Do you have a new loss of sense of smell or taste?		
9. Do you have a headache?		
10. Do you have a sore throat?		
11. In the last 14 days, have you been exposed to anyone who has or is suspected to have COVID-19?		

If you or someone in your home can answer yes to questions 1-11, Please DO NOT attend Training or the scheduled Match.
Please Contact NHS for their advice.