



YOUR CLUB NAME Return to Training

COVID 19 Health Assessment

The health of all boxers and gym/facility users is of paramount importance to **YOUR CLUB NAME HERE**. Please read the following information on COVID-19 and only if you feel you are COVID-19 free should you sign the daily check in sheet for training.

If any of the statements below describe you or you develop any coronavirus symptoms you should contact **YOUR CLUB NAME** Covid Officer **INSERT NAME HERE**, go home and self isolate.

You have had close contact with a confirmed case within the last 14 days
You are currently experiencing, or have experienced in the past 14 days any of the following symptoms:
<ul style="list-style-type: none">• Fever (37.8° C or above If thermometer is used)
<ul style="list-style-type: none">• Cough
<ul style="list-style-type: none">• Shortness of Breath or difficulty breathing
<ul style="list-style-type: none">• Sore throat
<ul style="list-style-type: none">• New loss of taste or smell
<ul style="list-style-type: none">• Chills
<ul style="list-style-type: none">• Head or muscle aches
In the past 14 days you have been in close contact with anyone who was experiencing any of these symptoms: