**Boxer COVID-19 Self Screening Questionnaire**

**Boxing Scotland Covid-19 Self-Assessment Declaration**

Should you answer "YES" to any of the below questions your child should **NOT**attend the Boxing Scotland Medical sessions and before they return, should follow appropriate medical advice and guidelines

* 1) Have you had any of the following symptoms in the last 24 hours? \*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Cough |  |  |
| Shortness of breath of difficulty breathing |  |  |

* OR at least TWO of the following symptoms in the last 24 hours: \*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Fever (usually 37.8C or higher) |  |  |
| Chills |  |  |
| Repeated shaking with chills |  |  |
| Muscle pain |  |  |
| Headache |  |  |
| Sore throat |  |  |
| New loss of taste or smell |  |  |

* If you answered “Yes” to question one, please **DO NOT** attend this this annual medical session. You should:
  + **Self-quarantine for at least 10 days** from the date on which you first experienced any of the above symptoms; AND
  + Wait until you have had **no fever for at least 3 days** (without the use of fever-reducing medication) AND
  + Improved respiratory symptoms (no cough, shortness of breath)
* 2) In the last 14 days have you: \*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Been in contact with someone who was **diagnosed** with COVID-19? |  |  |
| Been in close contact with someone who had COVID-19 **symptoms**? |  |  |
| Travelled internationally or taken a cruise |  |  |

* If you answered “Yes” to any part of question two, please **DO NOT** attend this Annual medical session. You should self-quarantine for at least 14 days.

I understand that while at the venue, participating in Boxing activities (and before and after Boxing), I must ensure I undertake and comply with social distancing and exemplary hygiene measures. I acknowledge that I undertake all activities at my own risk and that Boxing Scotland have not and cannot make any representation or guarantee that attending the venue or participating in Boxing is free from risk.

Please sign this form to confirm that details above are true to the best of your knowledge, that you or your guardian have completed the Boxing Scotland COVID-19 pre competition self-declaration to confirm that you understand the risks involved in participation and are participating on a voluntary basis and that you may opt-out at any time.

* Boxers Name\*

 First Name  Last Name

* Parents/Carers Name\*

 First Name  Last Name

* Childs Name\*

 First Name  Last Name

* Doctors Name\*

 First Name  Last Name

* Date\*

Pick a DateDate