

# #RISEAGAIN

## COVID-19 HEALTH DECLARATION – NETBALL FITNESS ACTIVITY

The purpose of the questionnaire is to screen for possible symptoms of Covid-19 infection.

Our aim is to promote and maintain the health & safety of all our Netball family. Please help us by answering the questions honestly and accurately.

Today or at any point in the last 7 days have you had:

Symptom	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 that you have been in contact with reported any of the above symptoms in the last 14 days?		
Has any 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 and trace system that you are a close contact of someone with known Covid-19 infection in the last 14 days?		