

Medical Questionnaire

NAME: _____

Section A

- 1) Do you consider that you are from a BAME background? That is Black, Asian, and minority ethnic (this term is used to refer to members of non-white communities in the UK).

- 2) Do you have any underlying medical conditions?

If YES please list conditions: _____

- 3) Do you live with anyone who is deemed vulnerable or extremely vulnerable, according to government guidelines? (see below for information)

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

Section B

- 1) Have you had symptoms suggestive of COVID-19 since March 2020?

Please refer to to <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>-

Other symptoms may include loss of sense of smell (and taste), myalgia (muscle aches), shortness of breath, lethargy, headaches, and very occasionally diarrhea and vomiting.

2) If "YES" please answer the following questions

How long ago were you symptomatic? _____

Did you seek medical advice?

Were you tested?

If tested, what was the result?

Section C

1) Are you in good health as far as you know?

2) Since March 2020, have you suffered at any time from any of the following?

Unexplained fits, faints or blackouts

Chest Pain/discomfort on exertion

Excessive or unexplained fatigue with exercise

Palpitations

Excessive Shortness of Breath whilst exercising

Asthma or Exercise related wheezing

Do you have any gastrointestinal problems

Are you sleeping well

3) Do you feel any anxiety or nervousness around returning to training?

Do you have any other queries or concerns regarding returning to training if so state them below?

Your form will be reviewed by club officials who will arrange appropriate contact as required.

Signed: _____

Date: _____