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HHRFC Health Questionnaire

Please complete the following questionnaire BEFORE training with Heath RFC. It is important that the Club holds relevant health information for all senior players. All information is completely confidential.

1. Have you been diagnosed with any of the following:

Condition	YES	NO
Heart Condition		
Asthma		
Cancer		
Immune Condition		
Respiratory Condition		
Other: (please name)		

If YES to any of the above conditions please provide additional information relevant to playing rugby

2. Are you currently taking any prescription medication? **YES/NO**

If YES please detail below:

.....
.....
.....
.....
.....
.....

3. Have you or a member of your household been advised by their GP or NHS England to shield during this pandemic?

YES/NO

If YES when did the shielding end DD/MM/YY

4. Over the last 14 DAYS have you or anyone you live with been diagnosed or been suspected of having Covid 19?

YES/NO

If YES what action has been taken



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COVID-19 Questionnaire

1. Have you experienced any of the following symptoms:
 - New persistent dry cough **YES/NO**
 - High temperature/ fever **YES/NO**
 - Loss of taste and/ or smell **YES/NO**
2. Has anyone in your household developed any of the above symptoms? **YES/NO**
3. Have you been in close proximity at work or socially with someone who has since developed any of these symptoms? **YES/NO**

ACTION REQUIRED

1. If the player answers yes to any of question 1 he must self-isolate for 7 days and all members of his household should isolate for 14 days unless they develop symptoms in which case it is a further 7 days (i.e. develop symptoms day 3 of isolation the person is then free of isolation day 10).
2. If **YES** the player needs to self-isolate for 14 days while the symptomatic person isolates for 7 days.
3. If **YES AND** the close proximity has been for more than 15 minutes and within 2 metres without the appropriate PPE, the player should self-isolate for 14 days.

PLAYER NAME

SIGNATURE

DATE