

Staveley Miners Welfare Juniors Football Club

Coronavirus (COVID-19) health screening

PLAYER TRAINING CHECK LIST

Coaches to fill in before every training sessions

Name: Contact Number:				
Team:	Date:			
By sending your child to training we expect that you or anyone within the household has not experienced any of the below symptoms.				
Have you or anyone in your household experienced any of the following symptoms in the last two weeks?				
Loss of taste and/or smell		YES	NO	
Persistent cough		YES	NO	Plea
Shortness of breath or difficulty breathi	ng	YES	NO	se ci
Aching Joints		YES	NO	Please circle the answer
Head ache or eye ache (especially whe	n looking up)	YES	NO	he ar
High Temperature		YES	NO	ıswe
Do you believe you have recently come someone displaying these symptoms?	e into contact with	YES	NO	

If the answer to any of the above questions is yes then you must self isolate and not come to training for 2 weeks.

Visit our facebook site for more information

staveley mwfc juniors

#Trojans #StaySafe

Club Chairman

 $Paul\ Weather all,\ Email:\ SMWFCJ_Chairman@outlook.com$

Club Secretary/ Treasurer

Cheryl Smith, Email: SMWFCJ_Secretary@outlook.com

Club Child Welfare Officer / Referee Secretary Lisa Jepson, Email: SMWFCJ_Welfare@outlook.com