

ESSENDON BASEBALL CLUB INC- COVID-19 SCREENING FORM FOR TRAINING

Date: _____ Time: _____

Club Official's name: _____

Player's name: _____

Date of birth: _____ Telephone: _____

Address: _____

- Are you currently, or have you ever been diagnosed with COVID-19 Y / N
- Have you been in contact with anyone who has been diagnosed with COVID-19 Y / N
- Have you recently travelled overseas, or returned from an overseas trip Y / N
- Have you been in contact with anyone who has been overseas recently Y / N

Do you have any of the following:

- Sore throat Y / N
- Persistent cough Y / N
- Shortness of breath Y / N
- Runny nose Y / N

Temp _____

Allowed to participate Y / N

If no, actions taken :

Player's signature: _____

Club Official' signature _____

Date: _____