

## COVID-19 CHECK INDEMNITY FORM PARTICIPANTS AND MINDERS

This form must be utilised to ensure that you are free from Covid-19 symptoms and pose a limited risk to others. It is important that once you have completed and signed this form that you send to or hand over to the person at your club or venue responsible for processing. To avoid virus transmission, an electronic version of the form is recommended and where possible sent back to the club via email or other electronic means.

### \*Required

Date*	
Name*	
Contact details – email*	
Contact details – mobile phone number **	

Are you currently diagnosed with or believe you may have Covid-19?*(Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### Are you currently diagnosed with or believe you may have Covid-19?\*

High Temperature (fever)* (Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A new or continuous cough* (Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss or change to your sense of taste or smell* (Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New unexplained shortness of breath* (Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been in contact with a Covid-19 confirmed or suspected case in the previous 14 days* (Check appropriate box - x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Typed/Electronic Signature* (parent/guarding if under 18 years)
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If you have answered YES to any of these questions you should stay at home and inform your coach and/or club Covid-19 contact person and medical practitioner. You should follow current UK Government Public Health guidelines.

Only return to wrestling once you have sought medical advice and considered not to be at risk of infecting others with Covid-19.