



## HEALTH SCREENING CHECK FORM

During this global pandemic there are people that are at a higher risk of contracting Covid-19 than others. If any of the statements below apply to you or a member of your household you need to discuss this with your GP to decide on the approach that suits your specific situation for either yourself or your household.

THIS FORM MUST BE COMPLETED & RETURNED TO YOUR CLUB COVID-19 OFFICER **BEFORE** YOU RETURN TO BASKETBALL.

Club Member's Name

Club Member's or Parents Phone Number

**Please read the statements below for YOU & your HOUSEHOLD**

People who have received an organ transplant & remain on immunosuppression medication

People with cancer who are undergoing active chemotherapy or radiotherapy

People cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment

People with severe chest conditions including cystic fibrosis, severe asthma which require hospital admissions or courses of steroid medication

People with severe diseases of body systems such as severe kidney disease requiring dialysis

People who are Pregnant

People who are over 70 regardless of medical conditions

People who have one or more of the underlying health conditions listed below (e.g. anyone instructed to get a flu jab as an adult each year on medical grounds)

- Chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD) emphysema or bronchitis
- Chronic heart disease such as heart failure
- Chronic kidney disease
- Chronic liver disease such as hepatitis
- Chronic neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Diabetes
- Problems with your spleen such as sickle cell anaemia or if you have had your spleen removed
- A weakened immune system as a result of conditions such as HIV & AIDS, medicines such as steroid therapy or chemotherapy

Being seriously overweight (a body mass index (BMI) of 40 or above)

**I confirm that none of the above statements apply to me or a member of my household**

Member Name

Member/Parent Signature

Date:

Please return this form to email: