

Club Name:	Session Venue:
Session Date:	Session Time:
Volunteer Name:	Volunteer Name:
Volunteer Name:	Volunteer Name:

- 1) Have you been in contact with anyone with or suspected of having Covid-19 in the last 48 hours?
- 2) Has anyone in your household had Covid-19 symptoms in the last 2 weeks?
- 3) Have you been advised to self-isolate due to an infection within another setting such as school or work?
- 4) Do you have a new persistent cough?
- 5) Do you have a temperature?
- 6) Do you have any loss of taste or smell?

[illegible]

Name of person completing this Session Log:	
Signature of person completing this Session Log:	
Please return this form to the Club Covid-19 Officer:	
This document is Confidential & subject to GDPR Regulations.	