



West Edinburgh Warriors Basketball Club

COVID-19 Self-Screening Form

Name: _____

Date: _____

Please answer all questions accurately and honestly:

- Are you experiencing any of the following symptoms?
 - High Temperature.
 - A new, continuous cough.
 - Change or loss of taste and smell
- Are you awaiting for a Coronavirus test result?
- Have you been told by the NHS Test and Trace service that you've been in contact with a person who has Coronavirus within the last 14 days?
- Have you returned from a destination outside the UK which requires you to quarantine in the last 14 days?

If you have answered yes to any of the above questions, please do not attend any activities.