



### Covid-19 Health Questionnaire – Self Assessment

To be completed by all competitors, staff, officials and volunteers on arrival at the event.

It is important that any person taking part in a BUCS event is medically and physically fit and has fully reviewed the SSS event disclaimer and the [BUCS event disclaimer](#) prior to competing.

Do you have any of the following symptoms:	Answer	
<b>A high temperature, fever or chills (shivering)</b> – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)	Yes	No
<b>A new, continuous cough</b> – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)	Yes	No
<b>A loss or change to your sense of smell or taste</b> – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal	Yes	No
Have you been ill with any of the above symptoms in the last 7 days?	Yes	No
Has anyone in your current household been ill with any of the above symptoms in the last 14 days, or have you been in close contact with a definite confirmed case of coronavirus in the last 14 days, or have you been contacted by NHS track & trace?	Yes	No
Have you travelled internationally and returned to the UK in the past 14 days from a country outside of the government's current common travel area?	Yes	No
Have you knowingly been in contact with any person who has returned from a country outside of the government's current common travel area in the last 14 days?	Yes	No

If you answered '**YES**' to any of the above questions:

- Access to the event is **DENIED**
- The UK Government advises that you must self-isolate for 14 days to help limit the spread
- If you have any concerns about your health and COVID-19, please call NHS 111

**I declare that all the information given on this form is true and accurate:**

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	