



Cabinteely Athletic Club

Coach Screening Record & Session Log

Coach Name _____

Coach Screening Record

Please review the questions below and if you are safe to train athletes then add your initials and date.

Use one column per training session.

Screening	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
Questions									
Q's 1-5,7-8 all answered 'No' Q6 Feeling Well									

1. Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? Yes / No
2. Are you experiencing any difficulty in breathing or shortness of breath? Yes / No
3. Are you experiencing any fever-like/Temperature symptoms? Yes / No
4. Did you consult a Doctor or other medical practitioner? Yes / No / NA
5. Are you awaiting the results of a COVID-19 test? Yes/ No
6. How are you feeling health wise? Well / Unwell
7. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m distance for more than 15 minutes accumulative in 1 day)? Yes/No
8. Have you been advised by a Doctor to self-isolate in the past 14 days? Yes / No



Coach Training Record

Coach Name _____

Date & time if applic	Location	Attendees	Notes / Anything to be reported to SO