

# SELF-ISOLATION FORM COVID-19



**Note to the Cheerforce Ten Coach/Covid -19 Link worker**

- This form should be completed by the coach and athlete
- A copy should be kept by the Cheerforce Gym following the GDPR policy

**Athlete/Coach Details**

<b>Name</b>	
<b>Classes attended</b>	
<b>Coach/Covid-19 Link Name</b>	

**Absence Details**

<b>Date &amp; Time of meeting</b>	Date
<b>Self-Isolation Start Date</b>	
<b>Self-Isolation End Date</b>	

<b>Reason for Self-isolating</b>	<b>Advice – please tick to confirm relevant box</b>	<b>Tick (✓)</b>
Coach or Athlete has a positive diagnosis of COVID19	Please ensure that the isolation period has extended over 10 days and that the athlete has been temperature free for over 48hrs.	
Coach or Athlete has COVID-19 symptoms and is self-isolating	Individual has showed symptoms of a high temperature or a persistent cough  Please ensure that the isolation period has extended over 10 days and that the athlete has been temperature free for over 48hrs.	
Someone in your household has COVID-19 symptoms	Regardless of this individual being well they must isolate for the full period of time - please speak with covid link worker if unsure and need to clarify.	

**Declaration**

I confirm that I have to self-isolate for the reason/s above and that the above information is true and accurate in every respect.

Athletes **Signature**

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**Date**.....

**Coach's**

**Signature**.....

**Date**.....

