



BRITISH AMERICAN FOOTBALL ASSOCIATION CLUB MEMBERS COVID-19 RISK INFORMATION (TO SEND TO ALL MEMBERS)

PERSONAL AND HOUSEHOLD RISK INFORMATION

This information sheet aims to inform you of those who are most at risk should they contract COVID-19. You should identify whether you or a member of your household is at higher risk. If you are, please discuss the risk of returning to American Football with your GP and your Coach / Club COVID-19 Officer to make an informed decision as to whether returning to group American Football is appropriate and safe for you and your family. While research around risk is ongoing, we simply hope to inform you so you can make the right decision for you and your household.

If any of the following statements apply to you or a household member, then this means that either you or a household members risk is increased. If it applies to a household member then you need to discuss it with your GP and the household member to make a decision on if a return to American Football is appropriate in a group setting, as it is possible to pass on the virus to a more vulnerable individual.

Please refer to Government guidance linked below:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Statements apply to <u>YOU</u> or your <u>HOUSEHOLD</u>
Had a solid organtransplant
Undergoing treatment currently or in last 6 months for any cancer
Currently taking or in the last 6 months have taken immunosuppressant medication
Have a respiratory condition including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)
Have any rare diseases or inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell)
Pregnant
Aged 70 or older
<i>Have one or more of the underlying health conditions listed below:</i>
- Chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Chronic heart disease, such as heart failure
- Chronic kidney disease
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
- Diabetes
- A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
- Being seriously overweight (a body mass index (BMI) of 40 or above)
Are you providing caring responsibilities for anyone meeting any of the above criteria?

Should any of the above statements apply to you or your household, please notify your Coach / Club COVID-19 Officer and discuss it with your GP and the household member to make a decision on if a return to American Football is appropriate in a group setting.



BRITISH AMERICAN FOOTBALL ASSOCIATION Individual Return to Practice Declaration for COVID-19

The health and safety of our parents, coaches and players is critical. Before returning to practice, in order to protect your health and that of your family, friends and colleagues, we require you to complete this form and return it to your coach. If you have concerns about disclosing sensitive information please contact If you have concerns in relation to risks or health matters, please discuss these with your GP. Your coaches are also available to support and advise.

Please review the information you provide on this form at least once a fortnight and if your personal circumstances change, then you must inform your coach / Club COVID Official immediately.

Your details	
Full Name	
Team (Adult, Women's, Flag U19, U17 Cadet)	
Name of Coach	

Contact details
Please provide below the best means of contacting you (where necessary) prior to you returning to practice e.g. email or phone number

Covid-19 related circumstances	Yes	No
Please answer the following questions. These circumstances may affect those returning to campus:		
I am currently experiencing <u>symptoms of Covid-19</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Within the last 14 days I have been in contact with someone who is suspected, or is known to have contracted coronavirus (Covid-19)	<input type="checkbox"/>	<input type="checkbox"/>
I have received a letter from the NHS advising me that I am <u>clinically extremely vulnerable</u>	<input type="checkbox"/>	<input type="checkbox"/>
I have underlying health conditions that could make me vulnerable	<input type="checkbox"/>	<input type="checkbox"/>
There are others in my household who are currently shielding	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is yes to any of the above, you should not declare yourself as able to return to practice. Please discuss these matters with your coach before you return to practice. You should not return to practice before your circumstances have been discussed and it is confirmed that you are able to return.

If there are other reasons, related to Coronavirus (Covid-19), which prevent you returning to practice, please provide information below:

Health Declaration

Please complete the declaration below confirming whether you consider yourself able to return to practice. *

* NB. The [INSERT TEAM] recognise that there may be some necessary variations to our 'usual practice' to comply with Social Distancing / Health & Safety measures and BAFA Guidance at this time.

By entering your name (in lieu of a signature) and date on this form you are confirming that the information you have provided on the form is true and accurate to the best of your knowledge.

		Yes	No
I am able to return to practice.		<input type="checkbox"/>	<input type="checkbox"/>
Name			
Signed by parent/guardian:			
Date			

Data Protection Statement

The [INSERT TEAM] processes this personal data in order to protect the health and safety of the Leicester Huntsmen and their associated friends and family.

The personal data provided will be held securely by the relevant coach/manager and will not be shared.