



COVID-19 HEALTH ASSESSMENT FORM

All competitors and officials need to complete this Health Assessment Form prior to attending an England Golf Championship.

| Question | Yes/no | Date | Comments |
|---|--------|------|----------|
| 1. Have you received your first COVID-19 vaccination? | | | |
| 2. Have you received your second COVID-19 vaccination? | | | |
| 3. Have you, or a member of your household tested positive for COVID-19 within the last 14 days? | | | |
| 4. Have you, or a member of your household returned from a high-risk area within the last 14 days? | | | |
| 5. Have you, or a member of your household had a high temperature within the last 14 days? | | | |
| 6. Have you, or a member of your household had a dry or continuous cough within the last 14 days? | | | |
| 7. Have you, or a member of your household lost their sense of smell or taste, or both, within the last 14 days? | | | |
| 8. Have you, or a member of your household suffered from a consistent lingering headache within the last 14 days? | | | |
| 9. In general, are you feeling well? | | | |

Date:

Name of Competitor:

Signature:

Name of Championship in which you are competing:
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