**Health Self-Check and Conduct Form**

**To be signed and handed to the coach before each session**

In the past 14 days I have not

* had a high temperature above 37.8C
* developed a new continuous cough
* had shortness of breath or a sore throat
* lost or had a change in my normal sense of taste or smell
* felt unwell

I have read and will follow the FA code of behaviour in the 24th March 2021 guidance

|  |  |
| --- | --- |
| Player Name |  |
| ***Date and Sign at Each Session*** *(signature of Player 18+ or parent/carer if Under 18)* | |
| Date |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |