All participants and leaders must record the answers to the questions in the table below prior to the activity commencing.

Temperature: Preferably record the temperature measured with a non-contact thermometer or report Yes/No for any increased temperature.

Symptoms: Yes/No - Do you have any of the following symptoms? Fever, Cough, sore throat, redness of eyes, shortness of breath, body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness?

Travel: Yes/No - have you travelled to any high-risk region or country in the last 14 days?

Contact: Yes/No - Have you been in contact with anyone who has or is suspected to have COVID-19?

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| Date: |  | | | Activity Leader: | |  | |
| Venue: |  | | | Activity Leader contact number: | |  | |
| Participant | | Contact number | Scanning questions | | | | Parent consent to participate |
| Name | Surname | Fever / temperature (if available) | Symptoms | Contact | Travel |
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