



## FOUR CORNERS FC COVID REPORT FORM



This form should be completed in full by the individual receiving the report from the player/parent within FCFC. Please ensure that all sections are completed to assist with the evaluation and subsequent FCFC guidance.

<b>PLAYER NAME</b>	
<b>PLAYER'S TEAM</b>	
<b>PLAYER'S COACH</b>	
<b>IS THIS RELATING TO A PLAYER, PARENT OR SIBLING?</b>	
<b>WHEN WAS THE LAST TIME THE INDIVIDUAL WAS AT THE FIELDS; PRACTISING, WATCHING TRAINING OR A GAME? PLEASE STATE THE DAY, DATE &amp; APPROX TIME</b>	
<b>WHEN DID THE INDIVIDUAL START SHOWING SYMPTOMS OF COVID, OR FELT UNWELL? PLEASE STATE THE DAY &amp; DATE</b>	
<b>WHAT DATE WAS A COVID TEST TAKEN?</b>	
<b>WHAT DATE WAS THE RESULTS OF THE TEST RECEIVED?</b>	
<b>WAS THE TEST POSITIVE OR NEGATIVE?</b>	
<b>IF THE INDIVIDUAL IS A PLAYER, HAD THEY TAKEN PART IN ANY OTHER CLUB TEAMS PRACTICES/GAMES? IF YES, PLEASE STATE THE TEAM/S.</b>	
<b>IF THE INDIVIDUAL IS A PLAYER, DO THEY HAVE ANY SIBLINGS THAT ARE IN CLUB PROGRAMS, COMPETITIVE OR DEVELOPMENT? IF YES, PLEASE STATE THE SIBLINGS NAMES AND TEAM/S</b>	
<b>ADDITIONAL INFORMATION</b>	

DATE REPORTED \_\_\_\_\_

REPORTED TO/BY \_\_\_\_\_



**FOUR CORNERS FC  
COVID REPORT FORM**



**FCFC USE:**

-3 DAYS FROM DATE UNWELL/TEST TAKEN = INCUBATION PERIOD.

7 DAYS SELF-ISOLATION FROM DATE UNWELL/TEST TAKEN

10 DAYS SELF-ISOLATION FROM DATE UNWELL/TEST TAKEN – IF POSITIVE PLAYER TEST

POSITIVE TEST RESULT REQUIRES A NEGATIVE TEST RESULT TO RETURN TO PLAY.

IF PLAYER POSITIVE – MUST BE REPORTED TO FYSA WITHIN 24HRS.

**FCFC ASSESSMENT/DETERMINATION**

**FCFC ACTION REQ**

**FCFC NAME: TAMMY DRIVER**

**DATE:**