|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Moderate Risk Factors – clinically vulnerable**  |  |  |
| Are you 70 years or older? |  |  |
| Do you have a lung condition that’s not severe? (such as asthma, COPD, emphysema or bronchitis) |  |  |
| Do you have heart disease?  |  |  |
| Do you have diabetes? |  |  |
| Do you have chronic kidney disease?  |  |  |
| Do you have liver disease? (such a hepatitis)  |  |  |
| Do you have a condition affecting the brain or nerves? (such as Parkinson’s disease, motor neurone disease, multiple sclerosis or cerebral palsy) |  |  |
| Do you have a condition that means you have a higher risk of getting infections? |  |  |
| Are you taking medicine that can affect your immune system? (such as low doses of steroids) |  |  |
| Do you have a BMI of 40 or above? |  |  |
|  |  |  |
| **High Risk Factors – clinically extremely vulnerable** |  |  |
| Have you had an organ transplant?  |  |  |
| Are you having chemotherapy or antibody treatment for cancer, including immunotherapy? |  |  |
| Are you having an intense course of radiotherapy for lung cancer? |  |  |
| Are you having targeted cancer treatments that affect your immune system, (such as protein kinase inhibitors or PARP inhibitors?) |  |  |
| Do you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)?  |  |  |
| Have you had a bone marrow or stem cell transplant in the past 6 months, or are you still taking immunosuppressant medication? |  |  |
| Have you ever been told by a doctor that you have a severe lung condition, such as cystic fibrosis, severe asthma or severe COPD? |  |  |
| Have you ever had a condition that means you have a high risk of getting infections, such as SCID or sickle cell?  |  |  |
| Are you taking medicine that makes you much more likely to get infections such as high doses of steroids or immunosuppressant medicine?  |  |  |
| Do you have a serious heart condition? |  |  |
| Are you pregnant?  |  |  |

**Old Fincunians Netball Club Individual Risk Assessment – Covid19**

*This information will be kept on record in line with GDPR protocols and is solely for club use only. Your information will not be shared unless there is a medical emergency.*

Please provide additional information if you have answered yes to any of the above questions:

I confirm that the above information is correct.

Name:

Signed:

Date: