



Pre-training Covid-19 health screen form

The purpose of this health screen form is to inform and make you aware of the risks involved in a return to training. This form can be completed by returning adult members or parents/guardians on behalf returning members under the age of 18.

Name of Swimmer



Question	Yes / No	More information	
<p>Have you or your child (if they are returning) had confirmed Covid-19 infection or symptoms in keeping with Covid-19 (listed below) in the last three months?</p> <ul style="list-style-type: none"> • Fever • New, persistent, dry cough • Shortness of breath • Loss of taste or smell • Diarrhoea or vomiting • Muscle aches not related to sport/training 	<input type="checkbox"/>	<p>If 'Yes', please provide details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>If 7 days post recovery and no symptoms then a gradual return to exercise is permissible but should persistent symptoms of breathlessness on exertion then you should consult your usual medical practitioner.</p>
<p>Have you or your child (if they are returning) had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? (e.g. close contact, household member)</p>	<input type="checkbox"/>	<p>If 'Yes', please provide details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Not allowed to train until they have self-isolated for 14 days.</p>
<p>Do you or your child (if they are returning) have any underlying medical conditions? (Examples include: chronic respiratory conditions including asthma; chronic heart, kidney, liver or neurological conditions; diabetes mellitus; a spleen or immune system condition; currently taking medicines that affect your immune system such as steroid tablets)</p>	<input type="checkbox"/>	<p>If 'Yes', please provide details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19 (including age >65) then you should consider the increased risk and may want to discuss this with you usual medical practitioner</p>
<p>Do you or your child (if they are returning) live with or will you knowingly come into close contact with someone who is currently medically vulnerable if you return to the training environment?</p>	<input type="checkbox"/>	<p>If 'Yes', please provide details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>This is an individual call but awareness of risks and the appropriate precautions should be taken.</p>



Do you fully understand the information presented in the Covid-19 Return To Training briefing and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic?

Additional explanation required in this circumstance and if understanding is not forthcoming they should be advised not to train.

Able to train:

Sought Medical advice:

Medical advice received (copy attached or brief summary captured below):

By signing this form I consent to the club using my*/my child's* personal data for the protection and safeguarding of my*/my child's* health as well as safeguarding wider public health in response to the impact of Covid-19 on club training activities. I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.* delete as appropriate



For further details of how we process your personal data or your child's personal data please view our Privacy Policy.

The Privacy Policy can be found at: [\[insert link to club privacy policy\]](#)

Name of member:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>
If member is under 18 parent/guardian signature is required:	<input type="text"/>	Date:	<input type="text"/>
Name of parent/guardian	<input type="text"/>		
Signed by Covid-19 Officer:	<input type="text"/>	Date:	<input type="text"/>