Pre-training Covid-19 health screen

The purpose of this screen is to inform and make you aware of the risks involved in returning to train

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| Question | Yes / No | More information |
| Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months?* Fever
* New, persistent, dry cough
* Shortness of breath
* Loss of taste or smell
* Diarrhoea or vomiting
* Muscle aches not related to sport/training
 | Yes [ ] No [ ]  | If ‘Yes’, please provide details:      | 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.  |
| Have you had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? (e.g. close contact, household member) | Yes [ ] No [ ]  | If ‘Yes’, please provide details:      | Not allowed to train until they have self-isolated for 14 days. |
| Do you 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) | Yes [ ] No [ ]  | If ‘Yes’, please provide details:      | 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 |
| Do you live with or will you knowingly come in to close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable if you return to the training environment? | Yes [ ] No [ ]  | If ‘Yes’, please provide details:      | This is an individual call but awareness of risks and the appropriate precautions should be taken. |
| Do you fully understand the Covid Risk Assessment and Code of Conduct documents, and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic? | Yes [ ] No [ ]  |  | Additional explanation required in this circumstance and if understanding is not forthcoming they should be advised not to train. |

Able to train: [ ]  Yes | [ ]  No

Sought Medical advice: [ ]  Yes | [ ]  No

Medical advice received (copy attached or brief summary captured below): [ ]  Yes | [ ]  No

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| [ ]  |

Swimmers name:

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| Signed/email address: |       | Date: |       |
| If under 18 parent’s signature is required: |       | Date: |       |
| Signed by Covid-19 Officer: |       | Date: |       |