



PRE-TRAINING COVID-19 HEALTH SCREEN

Please answer all questions ticking only one box per question as a true statement applicable to you.

Question	Notes
<p>A <input type="checkbox"/> I confirm that I have NOT tested positive for the Covid-19 infection or experienced any symptoms (listed below) in keeping with Covid-19 in the last five months.</p> <p>B <input type="checkbox"/> I confirm that I have tested positive for the Covid-19 infection and/or have experienced symptoms (listed below) in keeping with Covid-19 in the last five months. If ticked please provide more detail below including dates:</p> <ul style="list-style-type: none"> • <i>Fever</i> • <i>New, persistent, dry cough</i> • <i>Shortness of breath</i> • <i>Loss of taste or smell</i> • <i>Diarrhoea or vomiting</i> • <i>Muscle aches not related to sport/training</i> 	<p>If you are 7 days post recovery and exhibit no symptoms then a gradual return to exercise is permissible, but should persistent symptoms of breathlessness or exertion still exist then you should consult your usual medical practitioner before resuming training.</p>
<p>Details:</p>	
<p>A <input type="checkbox"/> I confirm that I have NOT knowingly had exposure to anyone who has confirmed or suspected Covid-19 in the last two weeks. (e.g. close contact, household member)</p> <p>B <input type="checkbox"/> I confirm that I have had exposure to someone who has had confirmed or suspected Covid-19 in the last two weeks. (e.g. close contact, household member) If ticked please provide more detail below including dates:</p>	<p>If you have had exposure you will NOT be permitted to train until after 14 days self-isolation with no symptoms.</p>
<p>Details:</p>	

<p>A <input type="checkbox"/> I confirm that I do NOT have any underlying medical condition(s) that make(s) me more susceptible to a poor outcome with Covid-19 (See examples below).</p> <p>B <input type="checkbox"/> I confirm that I do have (an) underlying medical condition(s) that make(s) me more susceptible to a poor outcome with Covid-19. (See examples below). If ticked please provide more detail below:</p> <ul style="list-style-type: none"> • <i>Chronic respiratory conditions including asthma</i> • <i>Chronic: heart, kidney, liver or neurological conditions</i> • <i>Diabetes mellitus</i> • <i>A spleen or immune system condition</i> • <i>Currently taking medicines that affect your immune system (such as steroid tablets)</i> 	<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 your usual medical practitioner</p>
<p>Details:</p>	
<p>A <input type="checkbox"/> I confirm that I do NOT live with or knowingly come in to close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable should I return to the training environment?</p> <p>B <input type="checkbox"/> I confirm that I do live with or knowingly come in to close contact with someone who is currently ‘shielding’ or otherwise medically vulnerable should I return to the training environment? If ticked please provide more detail below including that you have had an informed discussion with the vulnerable person before returning to training.</p>	<p>This is an individual call for both you and the vulnerable person but awareness of risks and the appropriate precautions should be taken.</p>
<p>Details:</p>	



Declaration

I confirm that I will only attend training sessions in the full knowledge that I and anyone taking me to or from training are free from any Covid-19 symptoms, and if I do display any symptoms I will not attend training for a period of at least 14 days and follow government guidance to self-isolate. I further confirm that I will immediately inform Greenwich Royals Swimming Club, should I display symptoms.

I return to training knowing that my participation cannot be without risk, I am therefore aware of these risks associated with the Covid-19 virus, but still wish to participate in club training.

I understand the processes and protocols Greenwich Royals Swimming Club have put in place in order to reduce risks and I will adhere to these in order to protect my health and the health of other members, staff and other users of the facility.

Name:			
Squad:			
Signed:		Date:	
If under 18 parent's signature is required:		Date:	