

Pre-training Athletes Covid-19 Health Screen- July 2020

Question	Yes / No	More information	
<p>Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five 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 <p><i>This is preliminary and will be updated constantly and we ask you to inform us IMMEDIATELY if this changes</i></p>	Yes / No	If 'Yes', please provide details:	Will need a medical consultation to confirm you are fit and well enough to train and there has been a sufficient timescale of recovery post infection.
<p>Have you as a family had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? Have you been contacted by NHS Track/Trace? (e.g. close contact, School/Work, household member).</p> <p><i>This is preliminary and will be updated constantly and we ask you to inform us IMMEDIATELY if this changes</i></p>	Yes / No	If 'Yes', please provide details:	Not allowed poolside must self-isolate for 7 days. If a member of the household must self- isolate for 14 days
<p>Do you have any underlying medical conditions? (Examples only: 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). If you are unsure, please visit link to NHS website:</p> <p>Coronavirus (COVID-19): Shielded patients list NHS Digital has published the shielded patients list (SPL), which is enabling partner organisations across</p>	Yes / No	If 'Yes', please provide details:	Will need a medical consultation to confirm they are able to train and are aware of the risk.

government to support and protect those who need shielding at this time. https://digital.nhs.uk/coronavirus/shielded-patient-list			
Are you in receipt of the letter from your GP stating you are categorised as 'Vulnerable' and you are therefore in the Shielding Category as defined by the Government?	Yes / No	If 'Yes', please provide details:	You should not train due to the risk posed to yourself /and or to the shielding person.
Or do you live with or will you knowingly come into close contact someone who is currently 'shielding' or otherwise medically vulnerable if you return to the Pool environment?	Yes / No		
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?	Yes / No		If no, the information should be explained again and if they still are not aware then they should be advised not to train.

Able to Train: Yes | No

Medical advice required: Yes | No

Medical advice received (attach copy): Yes | No

Name:		Date:	
Signed:		Date:	
If under 18 parent's signature is required:		Date:	
Signed by Covid-19 Officer:		Date:	