



Please find below the Health Survey & Declaration required to be completed before swimmers can return to the pool.

Kindly complete and return to the Office Manager by email (krista.bibbings@camdenswimming.co.uk) so we may update our records and ensure you/your swimmer can access training sessions.

Q1 - Swimmer's Name	
Q2 – Squad	
Q3 Have you/your swimmer 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
Q4 Have you/your swimmer had any Covid-19 symptoms (listed below) in the last two weeks? High temperature New, persistent, dry cough A loss or change to your sense of smell or taste	Yes / No
Q5 Have you/your swimmer 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
Q6 Do you/your swimmer 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
Q7 Do you/your swimmer 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
Q8 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



<p>Q9</p> <p>By agreeing to this declaration, I confirm I am/my swimmer is free from any symptoms related to the Covid-19 virus: High temperature New, persistent, dry cough A loss or change to your sense of smell or taste I am also confirming all in my household remain symptom free, and anyone taking me to or from training and attending my training session with me is also symptom free from the virus. By signing this declaration, I confirm that for any future training sessions I/my swimmer will only attend in the full knowledge that I am free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I/my swimmer do display any symptoms I/my swimmer will not attend training for a period of at least 14 days and follow government guidance to self-isolate. I/my swimmer 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 the Camden Swiss Cottage Swimming Club have put in place in order to reduce risks and I/my swimmer will adhere to these in order to protect my health and the health of other members, staff and other users of the facility.</p>	<p>I agree</p>
<p>Q10</p> <p>Swimmer's name or if under 18 parent/guardian's name is required:</p>	<p>Name:</p>