



Please find below the Health Survey & Declaration (March 2021) required to be completed before swimmers can return to the pool. All swimmers **must** complete this form (again) to return to the pool as government restrictions ease in 2021.

Kindly complete and return to the Office Manager by email (krista.bibblings@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 (positive test) in the last three months?	Yes / No
Q4 Have you/your swimmer had any COVID-19 symptoms (listed below) in the last two weeks? <ul style="list-style-type: none"> • Fever / High Temperature • New, persistent, dry cough • Shortness of breath • Loss of taste or smell • Diarrhoea or vomiting • Muscle aches not related to sport/training 	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 or support bubble)	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 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



Q9

By signing this declaration, I confirm that I/mychild am/is free from any symptoms related to the Covid-19 virus, I understand the main symptoms include:

- a high temperature – this means you feel hot to touch on your chest or back
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours
- 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 child will only attend in the full knowledge that I/my child am/is free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I/my child do/does display any symptoms I/my child will not attend training for a period of at least 10 days and follow government guidance to self-isolate. I agree to inform Camden Swiss Cottage Swimming Club should I/my child be instructed to self isolate or should I/they have a positive COVID-19 test.

I agree

I am also confirming all in my household will follow the government guidance on quarantine and self-isolation following any travel abroad.

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

I understand the processes and protocols of Camden Swiss Cottage Swimming Club have put in place in order to reduce risks and I/my child will adhere to these in order to protect my/my child's health and the health of other members, staff and other users of the facility.

I also understand that the club will have to be flexible and responsive due to the evolving government advice around Covid-19, and the fact that circumstances will change.

Q10

Swimmer's name or if under 18
parent/guardian's name is required:

Name:

Date: