Soundwell Swimming Club –



Return to Training Covid-19 Health Survey (April 2021)

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| Question | Yes / No | More information | |
| 1. 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. |
| 2. 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. |
| 3. 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 your usual medical practitioner |
| 4. Do you live with or will you knowingly come in 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 if you wish: | This is an individual or family decision but awareness of risks and the appropriate precautions should be taken. |
| 5. 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 |  | Additional explanation required in this circumstance and if understanding is not forthcoming they should be advised not to train. |

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| Signed: |  | Date: |  |
| If under 18 parent’s signature is required: |  | Date: |  |
| Signed by Covid-19 Lead: |  | Date: |  |

**Club Use Only**

Able to train:  Yes |  No

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| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Sought Medical advice:  Yes |  No

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

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