

Name _____

Pre-training Covid-19 health screen

Question	Yes / No	More information
Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months? <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 	Yes / No	If 'Yes', please provide details – will req medical consultation to confirm fit to exercise
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: - must have self-isolated for 7 days
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: will req medical consultation to confirm fit to exercise and aware of risks
Do you live with or will you knowingly come in to close contact someone who is currently 'shielding' or otherwise medically vulnerable if you return to the training environment?	Yes / No	If 'Yes', please provide details: will not be allowed to train due to risk posed to person being shielded
Do you fully understand the information presented in the Covid-19 Return To Training Risk assessment and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic?	Yes / No	If no information can be shared and explained again and if still unaware should be advised not to train

Able to train: Yes | No Medical advice required: Yes | No (Copy to be attached if Yes)

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

Return to training

Covid-19 and Risk Awareness Declaration

I am returning to training having completed and signed the Health Survey as requested by Kimberley Swimming Club

By signing this declaration, I confirm I am 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 anyone from my household 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 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 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 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 Kimberley 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.

By signing this declaration I confirm that in the case of a COVID-19 related incident linked to KSC the club will share my contact details (or those of my parent/carer if under the age of 18) with the Public Health England Track and Trace Service, Liberty Leisure and Swim England

Signature		Date	
Parent/guardian signature (for members under 18)		Date	

