

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?  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: | You will need a medical consultation  to confirm you are able to train. |
| 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: | You will NOT be allowed to train until  you have self-isolated for 10 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: | You will need a medical consultation  to confirm you are able to train  and that you are aware of the risk. |
| Do you 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 | If ‘Yes’, please provide details: | You should not train due to the risk  imposed to the shielding person. |
| Are you and/or members of your household currently partaking in regular a regular Covid testing programme in you place of education/work | Yes/No |  | Any positive test result must be reported to the club, swimmers must self-isolate and refrain from  training for 10 days. |
| Do you fully understand the information presented in the Covid-19 Return to Training and Risk Awareness Declaration and accept the risks associated with returning to the training environment in relation to the Covid-19 pandemic? | Yes / No |  | If no we will explained the briefing to  you. If You are still not aware then  we will advise you not to train. |

Able to train: ☐ Yes | ☐ No

Medical advice required: ☐ Yes | ☐ No

Medical advice received (attach copy): ☐ Yes | ☐ No

|  |  |  |  |
| --- | --- | --- | --- |
| Swimmers Name |  | Squad |  |
| Signed  Parent/guardian signature (for members under 18) |  | Date |  |
| Signed by Covid-19 Officer |  | Date |  |
| Contact number on which you can be reached during training session (Unless accompanying swimmer onsite) | |  | |



Covid-19 Return to training and Risk Awareness Declaration

I ………………………………...............

am returning to training having completed and signed the Pre-Training Covid-19 Health Screen as requested by Chorley Marlins ASC.

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 10 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 Chorley Marlins ASC 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Swimmers Name |  | Squad |  |
| Signed  Parent/guardian signature (for members under 18) |  | Date |  |