

Pre-training Covid-19 health screen form

The purpose of this health screen form is to inform and make you aware of the risks involved in a return to training.

This form can be completed by returning adult members or parents/guardians on behalf returning members under the age of 18.

| Question | Yes / No | More information | |
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| <p>Have you or your child (if they are returning) had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last five months?</p> <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: | 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. |
| <p>Have you or your child (if they are returning) had a known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks? (e.g. close contact, household member)</p> | Yes / No | If 'Yes', please provide details: | Not allowed to train until they have self-isolated for 14 days. |
| <p>Do you or your child (if they are returning) 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;</p> | 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 |

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| currently taking medicines that affect your immune system such as steroid tablets) | | | risk and may want to discuss this with you usual medical practitioner |
| Do you or your child (if they are returning) 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: | This is an individual call but awareness of risks and the appropriate precautions should be taken. |
| 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. |

Able to train: Yes | No

Sought Medical advice: Yes | No

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

By signing this form I consent to the club using my*/my child's* personal data for the protection and safeguarding of my*/my child's* health as well as safeguarding wider public health in response to the impact of Covid-19 on club training activities. I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.* delete as appropriate

For further details of how we process your personal data or your child's personal data please view our Privacy Policy.

The Privacy Policy can be found at: <https://radsswimming.org.uk/webterms.html>

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| Name of member: | | | |
| Signed: | | Date: | |
| If member is under 18 parent/guardian signature is required: | | Date: | |
| Name of parent/guardian | | | |
| Signed by Covid-19 Officer: | | Date: | |