

## Pre-training Covid-19 health screen

Question	Yes / No	More in	formation	
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		please 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		please 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		please 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		please 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) Signed by Covid-19 Officer		Date		

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

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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	Squ	ad
Signed Parent/guardian signature (for members under 18)	Date	