



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 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:	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.
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.

Covid-19 Return to training and Risk Awareness Declaration

I

am returning to training having read 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 am also confirming that anyone from my household taking me to or from training and attending my training session with me is also symptom free from the virus.

I confirm that 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 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	

We require you to bring a 'Covid-19 Return to Training and Risk Awareness Declaration' to every training session you attend