



## Pre-training Covid-19 health screen

The purpose of this health screen is to inform & make you aware of the risks involved in returning to SWPC. All data will be held in the strictest of confidence and will be passed to the relevant personnel in the event of an outbreak if we are requested by the NHS Test and Trace to do so.

NAME \_\_\_\_\_

ADDRESS (For test and trace) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Question	Yes / No	More information	Additional guidance
<p>Have you 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"> <li>Fever</li> <li>New, persistent, dry cough</li> <li>Shortness of breath</li> <li>Loss of taste or smell</li> <li>Diarrhoea or vomiting</li> <li>Muscle aches not related to sport/training</li> </ul>	<p>Yes</p> <input type="checkbox"/> <p>No</p> <input type="checkbox"/>	<p>If 'Yes', please provide details:</p>	<p>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>
<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?</p> <p>(e.g. close contact, household member)</p>	<p>Yes</p> <input type="checkbox"/> <p>No</p> <input type="checkbox"/>	<p>If 'Yes', please provide details:</p>	<p>Not allowed to train until they have self-isolated for 14 days.</p>



<p>Do you or your child (if they are returning) have any underlying medical conditions?</p> <p>(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)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>If 'Yes', please provide details:</p>	<p>If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19 (including age &gt;65) then you should consider the increased risk and may want to discuss this with your usual medical practitioner</p>
<p>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?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>If 'Yes', please provide details:</p>	<p>This is an individual call but awareness of risks and the appropriate precautions should be taken.</p>
<p>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?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		<p>Additional explanation required in this circumstance and if understanding is not forthcoming, they should be advised not to train.</p>

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 contact the Club Secretary.

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:	