

Covid-19 return to Aquatic Activity Health Screen

Question	Yes / No	More information	
<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"> • 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:	Will need a medical consultation to confirm they are able to exercise.
<p>Do you have any symptoms of Covid-19 or have you been exposed 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 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)</p>	Yes / No	If 'Yes', please provide details:	Will need a medical consultation to confirm they are able to exercise and confirm they are aware of the risks of resuming training.

<p>Are you shielding or do you live with or will you knowingly come in to close contact with someone who is currently 'shielding' or otherwise medically vulnerable?</p>	<p>Yes / No</p>	<p>If 'Yes', please provide details:</p>	<p>They should follow government guidelines in relation to shielding. They will need to confirm they are aware of the risks of resuming training and if the individual is shielding they will need a medical consultation to confirm they are able to exercise.</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 / No</p>		<p>If no the information should be explained again and if they still are not aware then they should be advised not to train.</p>

Able to train: Yes | No

Medical advice required: Yes | No

Medical advice received (attach copy): Yes | No

<p>Signed:</p>		<p>Date:</p>	
<p>If under 18 parent's signature is required:</p>		<p>Date:</p>	

Signed by Covid-19
Officer:

Date: