



Return to Training

Covid-19 and Risk Awareness Declaration

I am returning to training having completed and signed the Health Survey as requested by Holywell Swimming club.

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 all in my household remain symptom free, and anyone 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 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 Holywell swimming club 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.

Signature		Date	
Parent/guardian signature (for members under 18)		Date	



Pre-training Covid-19 health screen

The purpose of screening is to inform and make aware of the risks involved in returning to training

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:	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 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 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:	If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19, written confirmation of a consultation with your medical practitioner will be required before you train, making them aware of the increased risks
<p>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?</p>	Yes / No	If 'Yes', please provide details:	Advice from the club would be not to train if it puts those shielding at risk. 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

Signed:		Date:	
If under 18 parent's signature is required:		Date:	
Signed by Covid-19 Officer:		Date:	