



LAMSC – Return to training - Health Survey Form

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|---|-----|------|--|
| Name of swimmer: | | DOB: | |
| | | | |
| Have you had confirmed Covid-19 infection or any symptoms (listed below) in keeping with Covid-19 in the last three 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: | | | |
| | | | |
| Have you or anyone in your household returned from visiting a country currently not on the Government's exempted countries list in the last 14 days. See link to current list: https://www.gov.uk/guidance/coronavirus-covid-19-countries-and-territories-exempt-from-advice-against-all-but-essential-international-travel | | | |
| YES | | NO | |
| If yes please provide details: | | | |
| | | | |

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:

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:

Do you live with or will you knowingly come into close contact with someone who is currently medically vulnerable if you return to the training environment? YES NO

If yes please provide details:

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

If yes please provide details:

| | |
|---|------------------------|
| Name of GP and surgery address: | GP's telephone number: |
| Up to date emergency contact details. Please provide up to date name(s) and contact telephone number(s) | |
| Data Protection: I understand that in compliance with Data Protection Legislation, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is only used in connection with the purpose and activities of LAMSC. Information will not be kept once a person is no longer a member of LAMSC. The information will only be disclosed to those members of LADASC for whom it is appropriate and relevant officers of Swim England or British Swimming. | |
| Si Signed: | Date: |
| If under 18, signed by parent/guardian/carer: | Date: |
| Cleared to swim by Coach | Yes/No |
| Signed by Covid-19 Officer: | Date: |
| <p>Consent for emergency treatment:</p> <p>It may be essential at some point for the coach or team manager to have the necessary authority to obtain any urgent treatment which may be required whilst training. Please therefore complete the details on this form below to give your consent.</p> <p>I, _____ hereby give permission for the coach or team manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.</p> <p>Sign: _____ Date: _____</p> <p>Print: _____</p> | |