Coronavirus (COVID-19) Health Questionnaire

The World Health Organisation declared the Coronavirus (COVID-19) a Global Health Emergency on the 30th January 2020 and Pandemic on 11th March 2020.

Swim World will take reasonable, proportionate steps in accordance with published guidance, to respond to the current (known) risks associated with the virus.

It is important that any person who enters any part of the pool or venue is medically and physically fit and is not a danger to themselves or the health and safety of others. If you are not sure, you should seek medical guidance from NHS Inform <https://www.nhsinform.scot/>.

|  |  |  |
| --- | --- | --- |
|  | Please tick | |
| Have you travelled internationally and returned to the UK in the past 14 days from a country outside of the government’s current common travel area\*? | **Yes** | **No** |
| Have you knowingly been in contact with any person who has returned from a country outside of the government’s current common travel area\* in the last 14 days? | **Yes** | **No** |
| Have you been exposed to a confirmed case of Coronavirus (excluding in a medical capacity such as nurse, doctor etc)? | **Yes** | **No** |
| Have you had contact with person(s) with flu-like symptoms (excluding in a medical capacity such as nurse, doctor etc)? | **Yes** | **No** |

\*Current common travel area countries can be found [here](https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/exemptions/).

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| --- | --- | --- |
| Do you have any of the following symptoms? (please tick all that apply) | | |
| **A high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) |  | No symptoms |
| **A new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) |  |
| **A loss or change to your sense of smell or taste** – this means you’ve noticed you cannot smell or taste anything, or things smell or taste different to normal |  |

(Most people with coronavirus have at least 1 of these symptoms)

If you answered **YES** to any of the above questions or symptoms:

* You **CANNOT** attend lessons.
* NHS Inform states to isolate for 10 days from the start of your symptoms and arrange to be tested. NHS Inform have a dedicated helpline (0800 028 2816) for any questions you have about Coronavirus that you can’t answer online.
* If your symptoms haven’t improved in 10 days or have worsened during isolation call NHS 111 or 999 in a medical emergency.

|  |  |
| --- | --- |
| Emergency Contact Details | |
| Name: |  |
| Relationship: |  |
| Contact Number: |  |

I warrant that, to my knowledge, I am medically and physically fit and able to undertake and participate in swim school activities and will not be a danger to myself or to the health and safety of others.

I understand that while at the venue, participating in swim school activities (and before and after swimming), I must ensure I undertake and comply with social distancing and hygiene measures.

I acknowledge that I undertake all activities at my own risk and the swim school have not and cannot make any representation or guarantee that attending the venue or participating in swimming is free from risk.

|  |  |
| --- | --- |
| Data Protection | |
| Your details may be shared to support NHS Test and Protect and help stop the spread of COVID-19. Your details will only be shared for NHS Test and Protect purposes and only with your consent. | |
| Please tick: |  |
| I give consent to share my details for NHS Test and Protect purposes | I do not give consent to share my details for NHS Test and Protect purposes |

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that all the information given in this form is true and correct: | | | |
| Name: |  | | |
| Please tick: | |  |  |
| I am the swimmer | | Swimmer’s Representative | Employee |
| Contact Number: |  | | |
| Signature: |  | | |
| Date: |  | | |