

Coronavirus (COVID-19) Health Questionnaire Template

Swimmer / Swim School / Facility / Employee Information

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

_____ 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 111 <https://111.nhs.uk/covid-19/>

Question	Tick your answer	
Do you have any signs of COVID-19, as per the symptoms listed on the NHS website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you tested COVID-19 positive in the last 10 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

- Access to the pool is **DENIED**
- The UK Government advises that you must self-isolate for 10 days to help limit the spread of germs
- If you have any concerns about your health and COVID-19, please call NHS 111

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 exemplary 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.

I declare that all the information given in this form is true and correct:		
Name:		
Tick the box:		
I am the Swimmer <input type="checkbox"/>	Swimmer's Representative <input type="checkbox"/>	Employee <input type="checkbox"/>
Contact Number:		
Signature:		
Date:		