

# The Swimming Academy Covid-19 Policy & Health Form

The purpose of this health screen form is to inform and make you aware of the risks involved in a returning to lessons at The Swimming Academy, Burnt Mill, Harlow, Essex.

**This form is to be completed and signed below by parents/guardians**

As of today's date, 08/09/2021 there are no government mandatory restrictions within the UK regarding Covid-19 when in public. Travelling/returning from abroad / having been in contact with symptomatic person(s) or those that have contracted the virus there are such regulations. Please refer to the government website regarding this and outlined details below/Covid-19 Declaration.

All facilities are being made available to us as we were pre-covid-19 however it still pays to be vigilant. The wearing of a mask is not a rule within the viewing gallery/changing rooms or corridor – this is a personal choice.

However, when approaching the front desk or speaking to teachers please do wear a mask (exemption of such will be honoured). The staff meet many persons during the swim session.

If you can keep your space between families all the better but can appreciate this is not easy in the environment we operate.

Question	Yes / No	More information
<p><i>Have you or your child had confirmed Covid-19 infection or symptoms in keeping with Covid-19 (listed below) in the last three months?</i></p> <ul style="list-style-type: none"> <li>• <i>Fever</i></li> <li>• <i>New, persistent, dry cough</i></li> <li>• <i>Shortness of breath</i></li> <li>• <i>Loss of taste or smell</i></li> <li>• <i>Diarrhoea or vomiting</i></li> <li>• <i>Muscle aches not related to sport/training</i></li> </ul>	Yes / No	<p>If 'Yes: -</p> <p>If 7 days post recovery and no symptoms, then a return to The Swimming Academy is permissible</p> <p>If your child has persistent symptoms of breathlessness on exertion, then you should consult your medical practitioner before your child returns to lessons</p>
<p>Have you or your child 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	<p>If 'Yes: -</p> <p>Do not attend The Swimming Academy until self-isolation of 10 days has been completed as per government guidelines.</p>

Do you or your child 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: -	If you have an underlying medical condition that makes you or your child more susceptible to poor outcomes with COVID-19 then you should consider the increased risk and may want to discuss this with your medical practitioner before returning
Do you or your child live with, or will you knowingly come into close contact with someone who will become medically vulnerable if you return to The Swimming Academy	Yes / No	If 'Yes: -	This is an individual decision, but awareness of risks and the appropriate precautions should be taken.
Do you fully understand the information presented in the Covid-19 Return to The Swimming Academy briefing and accept the risks associated with returning in relation to the Covid-19 pandemic?	Yes / No	If No: -	Please contact Jackie Coe at The Swimming Academy via email at <a href="mailto:jackie@theswimmingacademy.org">jackie@theswimmingacademy.org</a> who will try to clarify you query

**Able to Swim:**  Yes |  No

Sought Medical advice:  Yes |  No

(Copy of letter attached  Yes |  No or brief summary below)

By signing this form, I consent to The Swimming Academy using my\*/my child's\* personal data for the protection and safeguarding of my\*/my child's\* health as well as safeguarding wider public health in response to the impact of Covid-19. I understand that The Swimming Academy may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Name of member:			
Name of parent/guardian			
Signed by Covid-19 Officer:		Date:	