



Scottish  
Swimming

# Health Screen Survey (Athlete & Staff)

## Back to the Water

### COVID-19 Resource Template

Version 9 – 22<sup>nd</sup> August 2020

You will be aware of the ongoing outbreak of COVID-19. Scottish Swimming Aberdeen Diving Club are adhering to guidance from Scottish Government and Public Health Scotland in containing the virus and ensuring a safe environment for athletes and staff.

As one of our measures, we are seeking to identify any potential cases at the earliest opportunity to avoid any contacts/spread. The research to date for this novel virus suggests that transmission appears to be during symptomatic phase, and as such, identifying those with symptoms and isolating them should reduce risk significantly.

Please answer the following questions (YES / NO) prior to travelling to any club-based activity and submit to the club as per their instructions. This Health Screen Survey should be completed once, before returning to training or again if returning to training after a period of illness or circumstances change.

**Athlete/Staff Name** \_\_\_\_\_ **Squad** \_\_\_\_\_

<b>Q1</b>	Do you have any of the symptoms below in the last 48 hours? <ul style="list-style-type: none"> <li>➤ A new continuous cough</li> <li>➤ A high temperature or fever</li> <li>➤ Loss of taste or smell</li> </ul> For a full list of symptoms and for more information: <a href="https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19">https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19</a>	YES / NO
<b>Q2</b>	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
<b>Q3</b>	Have you been asked to self-isolate within the last 14 days?  If yes, what date did your self-isolation period begin:	YES / NO
<b>Q4</b>	Do you agree that you should inform the club if you have any physical or mental health conditions that the club are not already aware of that would affect your ability to train/return to training?	YES / NO
<b>Q5</b>	Have you travelled to any country (outside of the UK) in the last 14 days?  If YES, please notify the Lead COVID-19 Officer and check the relevant information for the location and whether 14 day self-isolation is required before returning to training: <a href="https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/exemptions/">https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/exemptions/</a>	YES / NO
<b>Q6</b>	Any addition comments:	

If the answer is YES to questions 1,2,3, or 5 above, please notify the Lead COVID-19 Officer by phone. You may need to seek the appropriate medical or further advice before restarting training. You should not travel to the pool until this has been done.

**Athlete/ Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Carer Signature (if U16):** \_\_\_\_\_