

Pre-training COVID-19 health screening

The purpose of this screen is to inform and make you aware of the risks involved in returning to train

| Question | Yes / No | More information |
|--|----------|--|
| <p>Have you had confirmed COVID-19 infection or any symptoms (listed below) in keeping with COVID-19 in the last five months?</p> <ul style="list-style-type: none"> • 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 | <p>If 'Yes', please provide details:</p> <p>If 7 days post recovery and no symptoms then a gradual return to exercise is permissible but should persistent symptoms of breathlessness on exertion then you should consult your usual medical practitioner.</p> |
| <p>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)</p> | Yes / No | <p>If 'Yes', please provide details:</p> <p>Not allowed to train until they have self-isolated for 14 days.</p> |
| <p>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)</p> | Yes / No | <p>If 'Yes', please provide details:</p> <p>If you have an underlying medical condition that makes you more susceptible to poor outcomes with COVID-19 (including age >65) then you should consider the increased risk and may want to discuss this with you usual medical practitioner</p> |
| <p>Do you live with or will you knowingly come in to close contact with someone who is currently 'shielding' or otherwise medically vulnerable if you return to the training environment?</p> | Yes / No | <p>If 'Yes', please provide details:</p> <p>This is an individual call but awareness of risks and the appropriate precautions should be taken.</p> |
| <p>Do you fully understand the information presented in the COVID-19 Training guidelines and accept the risks associated with returning to the training environment in relation to the COVID-19 pandemic?</p> | Yes / No | <p>Additional explanation required in this circumstance and if understanding is not forthcoming they should be advised not to train.</p> |

COMBINED SELF DEFENCE

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Pre-training COVID-19 health screening declaration

Please print sign and return to the instructor at your first lesson

..... Would like to return to training having completed and signed the Health Screening declaration as requested

By signing this declaration, I confirm the student is free from any symptoms related to the COVID-19 virus, I understand the main symptoms include:

- a high temperature – this means you feel hot to touch on your chest or back
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste.

I am also confirming all in my household remain symptom free, and anyone taking me to or from training and attending my training session with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future training sessions I will only attend in the full knowledge that I am free from any COVID-19 symptoms. In addition, but conversely confirm by signing this declaration that if I do display any symptoms I will not attend training for a period of at least 14 days or until symptoms cease, contact Lee Chapman and follow government guidance to self-isolate.

I return to training knowing that my participation cannot be without risk, I am therefore aware of these risks associated with the COVID-19 virus, but still wish to participate in training.

I understand the processes and protocols that have been put in place in order to reduce risks and I will adhere to these in order to protect my health and the health of other members, staff and other users of the facility.

Name Of Student(s):

Date:

Signature:

Role Of Signatory Parent/Guardian/Student

Please circle as appropriate

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