## **Covid-19 Return to Sport Health Check**



## Swimmer/coach/venue employee Information

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our club and members, we are conducting a simple screening questionnaire.

It is important that any person who enters any part of the pool, club or venue is medically and physically fit and is not a danger to themselves or to the health and safety of others. If you are not sure, you should seek medical advice from the National Coronavirus Health Information Line on 1800 020 080.

Name:				
Contact Number:				
Swimmer/Coach:				
Question				
Have you travelled internationally and returned to Australia, in the last 14 days?			Yes	■ No
Have you been in close contact with anyone who has returned from overseas in the last 14 days?			Yes	■ No
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?			Yes	■ No
Have you had contact with person(s) with flu-like symptoms?			Yes	No
Fever Cough Sorethroat Muscle and/or joint pain	Fatigue  Diarrhoea	Vomiting Breathing difficulty		No Symptoms
the answer is "YES" to any Access to the Pool is DEN The Australian Governmen days to help limit the sprea	nt – Department of Health ad ad of coronavirus.	vises that you must s	elf-isolate for 1	14
If you are confirmed with 0	COVID-19 you must immedia	tely advise your club.		
-	lge, I am medically and phys and will not be a danger to m	_		•
acknowledge that I underta	ake all activities at my own stic Swimming state body) h	risk and the club ar	nd venue (as v	well as Artistic

warranty that attending the venue or participating in swimming or club activities is free from risk.

Date:

Signature: