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**BASC Health Screen / Declaration for Returning to Training.**

**It is MANDATORY that this form is completed for all swimmers and volunteers before returning to training or beginning to train with BASC. Please read the following questions carefully. If you have an absence from training of more than one week then you will be required to fill in the Health Survey again.**

**The one form can be completed for all members of your family in the first instance.**

**1.Swimmer / Volunteer Name(s):**

**2. Have you/your swimmer(s) had any symptoms of COVID (new continuous cough, high temperature/fever, loss of taste or smell) in the last hours?** YES/NO

**3. Have you/your swimmer(s) had a known exposure to anyone with confirmed or suspected COVID-19 in the last 10 days (e.g. close contact, household member)?** YES/NO

**4. Have you/your swimmers(s) been asked to self-isolate in the last 10 days?** YES/NO

**5. Have you/your swimmer(s) travelled to any country out of the UK in the last 10 days?** YES/NO

**6. If you have been advised to self-isolate please state the date when this isolation ended.**

**If you have answered YES to any of these questions, or any other queries please contact the BASC Covid Officers via** [BASCenquiries@hotmail.com](mailto:BASCenquiries@hotmail.com) **or by phone before returning to training.**

**Tahra: 07920 117914. Bridget: 07834 547919**

**Declaration:**

**6. Have you/your swimmer(s) read the information on the Club website –** Covidinformation/Burntislandswimmingclub.co.uk **- and understand the information and comply with it ?** YES/NO

**7. Do you acknowledge the risk of COVID-19 and that you/ your swimmer(s) are attending the Swimming Club sessions at your own risk?** YES/NO

**8. Do you acknowledge that you/your swimmer(s) play a vital role in minimising the spread of COVID-19, over and above the measures implemented by the Club?** YES/NO

**9. Do you confirm that you/your swimmer(s) will adhere to all COVID-19 notices and protocols laid down by Scottish Swimming, Fife Sport & Leisure Trust (FSLT) and BASC, and agree to follow and specific directions given by Club officers or FSLT staff?** YES/NO

**10. Do you confirm that if you/your swimmer(s) have, or suspect you have any symptoms of COVID-19 or have been in contact with someone with COVID-19, you/your swimmer(s) will cease training; will contact the Club’s COVID-19 officer and will follow recommended guidelines on self-isolation?** YES/NO

**11. Do you understand and agree that BASC can retain the information provided for as long as advised to do so by Scottish Swimming and the Scottish Government. Do you understand and agree that attendance registers for each session will be retained for at least 21 days? These may be used for Track and Trace purposes with the information being shared with FSLT and/or Scottish Government authorities if required?** YES/NO

**SIGNED DATE**

**EMERGENCY CONTACT NUMBER. 1.**

**2.**