



Handforth Wilmslow Alderley Athletics Club

affiliated to England Athletics

Health Questionnaire and COVID-19 Attendance Policy

Please complete the following short health questionnaire. Guidance from England Athletics states that we must ask all club members for this information before they recommence training. (For under-18s, this form should be completed by a parent/carer.)

Also on Page 2, please read the details of our COVID-19 policy and indicate your agreement by signing and dating the form.

Thank you.

Athlete's first name and surname
Address
Contact email address:
Emergency contact(s): name(s) and phone number(s)
Please list any disabilities or current injuries:
Please list any medical conditions:

The information you have provided here will only be used by club officials to ensure the wellbeing of club members.



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Club COVID-19 attendance policy

Eligibility for training

Athletes **MUST NOT** attend a session under the following circumstances:

1. If the athlete or any of their household are suffering from COVID-19 symptoms or have had a positive test within the previous 14 days
2. If the athlete or any of their household have travelled to/from a high-risk overseas destination in the last 14 days
3. If NHS Test and Trace has asked the athlete or any of their household to self-isolate
4. If the athlete is in an NHS high-risk category and/or a category specified by the government to self-isolate

Developing symptoms or testing positive after training

Athletes who have attended a training session and subsequently develop symptoms of COVID-19 or have a positive COVID test **MUST**:

- contact the club COVID-19 coordinator stating the date of the last session attended
- complete the UK Athletics COVID-19 tracking form:
<https://www.uka.org.uk/governance/health-safety/covid-19-form/>
- not return to training until cleared to do so.

Attendance registers

In the case of a positive test occurring after training, attendance registers will be made available if requested by NHS Test and Trace.

Athlete/Parent/Carer Declaration

If the athlete is under 18, this should be signed by a parent/carers.

1. I confirm that I have read and understand the COVID-19 policy above.
2. I will fill in a new form and update the club if any of the health information changes.

Name: (BLOCK CAPITALS)

Signed: Date: