



# CENTRAL LONDON FENCING CLUB

## COVID-19: PRE-SESSION HEALTH CHECK FORM

This questionnaire is intended to assist clubs doing basic health and hygiene checks on those members/visitors/spectators attending the club sessions.

Please complete this form just before leaving home, and on arrival the COVID-19 officer checks that the form has been completed correctly.

The information in this form must be kept for 21 days and will be sent to NHS Track and Trace if required (upon their request). After 21 days, this form will be destroyed securely.

**Please note: A separate/new form MUST be completed for each day of participation in club sessions.**

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DATE OF SESSION: .....

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*If you answer DISAGREE to any of the questions you should NOT travel to club and will need to contact the Club COVID-19 officer for more advice before returning to club. This form is only valid for the date that it is completed. You should not attend the club if you feel unwell. \*Required field*

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*The Club's Covid-19 Officer is Jean-Christophe Guibert, Club Manager. He can be contacted by email at [info@centrallondonfencingclub.com](mailto:info@centrallondonfencingclub.com)*

Your First and Last name *	
Mobile Phone Number *	
Your residential address *	
Your e-mail address *	
BFA registration number *	

**Please also see next page**



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	Agree	Disagree
<b>1. I am <u>NOT</u> experiencing any of the following Covid-19 symptoms*</b> <i>(Symptoms may include: fever – new; Persistent, dry cough; Shortness of breath; Loss of taste or smell; Diarrhea or vomiting; Muscle aches not related to sport/training).</i>		
<b>2. I have <u>NOT</u> been diagnosed with COVID-19 within the last 4 weeks*</b>		
<b>3. I have <u>NOT</u> had any known exposure to anyone with confirmed or suspected Covid-19 in the last two weeks*</b> <i>(e.g. close contact, household member)</i>		
<b>4. I do <u>NOT</u> have any underlying health conditions which affects my immune system*</b> <i>(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)</i>  <b>OR</b>  <b>I DO have underlying health conditions, but I have consulted with a medical professional and am advised it is safe for me to return to fencing. I will provide a copy of this letter to the Club Manager *</b>		
<b>5. I have read and agree to the club COVID-19 briefing/instructions/policy *</b>		
<b>6. I acknowledge that I am responsible for providing my own equipment and this has been appropriately cleaned since last use. *</b>		
<b>7. I will bring my own sanitiser and follow all hygiene protocols, including ensuring that on arrival I wash/sanitise my hands *</b>		
<b>8. I agree to follow all instructions given by facility or club officials at the session *</b>		
<b>9. I understand that Central London Fencing Club is undertaking Covid-19 prevention measures in line with British Fencing guidance, but that I participate in Club fencing sessions at my own risk*</b>		

Thank you