Greenwood Gators

2020-21 HEALTH HISTORY QUESTIONNAIRE

And

CONSENT & RELEASE CERTIFICATE

To participate in Practices and Contests sponsored by Greenwood Gators

during the 2020-21 USA swim season, the swimmer / parent must complete the following questionnaire prior to their first attended practice. IF the questionnaire is not completed in full, with parent’s signature, the swimmer may not participate in any Greenwood Gator sponsored pool or dryland activity until completed and signed form has been turned into a Greenwood Gator Coach.

Swimmer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_

Group Registered in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since the last sports or school related physical, has your son or daughter:

1. Been medically advised not to participate in a sport? Yes\_\_\_ No\_\_\_\_

2. Been diagnosed with COVID-19? Yes\_\_\_ No\_\_\_\_

3. Please read the following list and be diligence in the continual observance of COVID-19 symptoms:

Most common symptoms include:

* Fever – watch for 100.4
* Dry cough
* Tiredness

Less common symptoms:

* Aches and pains
* Sore throat
* Diarrhea
* Conjunctivitis
* Headache
* Loss of taste or smell
* a rash on skin, or discoloration of fingers or toes



Serious symptoms:

* Difficulty breathing or shortness of breath
* Chest pain or pressure
* Loss of speech of movement

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days

4. Have Asthma or Allergies that appear as a respiratory condition?

Yes\_\_\_ No\_\_\_\_ If Yes is marked does swimmer have a “rescue inhaler” that always is / needs to be accessible ? Yes\_\_\_ No\_\_\_\_

Or is an Epi Pen necessary / accessible in case of a severe allergic reaction? Yes\_\_\_ No\_\_\_\_

5. Experienced chest pains, shortness of breath, “racing heart” or had any heart issues? Yes\_\_\_ No\_\_\_\_

6. Had a history of unusual fatigue or unusual tiredness? Yes\_\_\_ No\_\_\_\_

7. Has a history or dizziness, light-headedness? Yes\_\_\_\_ No\_\_\_\_\_

8. Has a history of chronic headaches / migraines? Yes\_\_\_ No\_\_\_\_

9. Sustained a concussion, been unconscious or lost memory from a blow to the head or has had a collision resulting in a blow to the head with another athlete in any sport or activity? Yes\_\_\_ No\_\_\_\_

10. Fainted or “blacked out?” Yes\_\_\_ No\_\_\_\_

11. Been hospitalized or had surgery? Yes\_\_\_ No\_\_\_\_



The swimmer and the parent or guardian of the swimmer verifies that the information in this Questionnaire is accurate and has been honestly answered.

Furthermore, the swimmer and the parent or guardian of the swimmer has assumed all responsibility for the swimmer’s participation in Practices for and in Contests with the Greenwood Gators and USA swimming, during the 2020-21 swim season.

Date:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Swimmer:

Signature of Swimmer:

Printed Name of Parent/Guardian of Swimmer:

Signature of Parent/Guardian of Swimmer:

