**Joint Aikikai Council**

**Return to Aikido**

**(After COVID 19)**

**Student Indemnity Form**

This form must be utilised to ensure that you are free from Covid-19 symptoms and pose a limited risk to others. It is important that once you have completed and signed this form that you send to or hand over to the person at your club or venue responsible for processing. To avoid virus transmission, an electronic version of the form is recommended and where possible sent back to the club via email or other electronic means.

|  |  |  |
| --- | --- | --- |
| **Date\*** |  | |
| **Name\*** |  | |
| **Contact details - email\*** |  | |
| **Contact details -phone number** |  | |
| **Are you currently diagnosed with or believe you may have Covid-19?\***  **(Check appropriate box - x)** | **Yes** | **No** |
|  |  |

Do you currently display any of the following symptoms?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **High Temperature (fever)\*** |  |  |
| **A new or continuous cough\*** |  |  |
| **Loss or change to your sense of taste or smell\*** |  |  |
| **New unexplained shortness of breath\*** |  |  |

C19 - Covid 19 Student Indemnity Form - V1.0 - 23 July 2020

Adapted from: BJA Guidelines - https://www.britishjudo.org.uk/covid-19/a-safe-return-to-judo/

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If you have answered YES to any of these questions you should stay at home and inform your coach and/or club Covid-19 contact person and medical practitioner.

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you been in contact with a Covid-19 confirmed or suspected case in the previous 14 days\*** | | | |
| **Yes** | **No** | | **Maybe** |
|  |  | |  |
| **Typed/Electronic Signature\***  **(Parent/Guardian if under 18 years**  **olds)** | |  | |

You should follow current UK Government Public Health guidelines. Only return to Aikido once you have sought medical advice and considered not to be at risk of infecting others with Covid-19.

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