

#### Appendix 4: PERSONAL & HOUSEHOLD RISK ASSESSMENT

This information sheet aims to inform you of those who are most at risk should they contract COVID-19. You should identify whether you or a member of your household is at higher risk. If you are, please discuss the risk of returning to jiu jitsu with your GP and your Club COVID-19 Officer to make an informed decision as to whether returning to group jiu jitsu is appropriate and safe for you and your family. While research around risk is ongoing, we simply hope to inform you so you can make the right decision for you and your household.

If any of the following statements apply to you or a household member, then this means that either you or a household members risk is increased. If it applies to a household member then you need to discuss it with your GP and the household member to make a decision on if a return to jiu jitsu is appropriate in a group setting, as it is possible to pass on the virus to a more vulnerable individual.

Name	
Club	

Do any of the following statements apply to <b>YOU or anyone who lives in your household</b>	Yes	No
Had a solid organ transplant		
Undergoing treatment currently or in last 6 months for any cancer		
Currently taking or in the last 6 months have taken immunosuppressant medication		
Have a respiratory condition including all cystic fibrosis, <b>severe</b> asthma and severe chronic obstructive pulmonary (COPD).		
Have any rare diseases or inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).		
Pregnant		
Aged 70 or older		
<i>Have one or more of the underlying health conditions listed below:</i>		
- chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis		
- chronic heart disease, such as heart failure		
- chronic kidney disease		
- chronic liver disease, such as hepatitis		
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy		
- diabetes		
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets		
- being seriously overweight (a body mass index (BMI) of 40 or above)		
Are you providing caring responsibilities for anyone meeting any of the above criteria		

Should any of the above statements apply to you or your household, please notify your COVID officer and speak to your GP to allow you to make an informed decision that protects you and your household.

I confirm that the above is correct to the best of my knowledge and I understand that there can never be risk free Jiu Jitsu and any Jiu Jitsu activity will come with inherent COVID-19 risks until there is a proven vaccine or treatment and significant reduction of the disease in the population.

Name .....

Signed .....

Date .....



### Self-Declaration of Health

This waiver aims to prevent the spread of COVID-19.

If any of the following statements do apply to you or a household member, there is a reasonable chance you are infected and you will be asked to not participate in any in person activities organised by Warwick Jiu Jitsu for the next 14 days. Please be aware that confirmation of any of the statements below also means you should go into isolation for two weeks as guided by the UK government.

Name	
E-mail	
Telephone number	

Do any of the following statements apply to <b>YOU</b> or anyone who lives in your household	Yes	No
Have (any symptoms of) a high temperature		
Have a new persistent cough		
Have experienced a loss of taste or smell		
Have been in contact with a person with suspected COVID-19 within the past 48 hours		

Should any of the above statements apply to you or your household, please notify the Warwick Jiu Jitsu Covid Lead or in their absence any other member of the exec and comply with government guidance.

I confirm that the above is correct to the best of my knowledge and I understand that by giving false information I am endangering all other participants and passer-by's.

Name: .....

Signed: .....

Date: .....