

## Athletics Ireland - Covid 19 Screening Questionnaire

To ensure the Safety & Health of all people interacting with our Club, all club members/parents/visitors must complete this Declaration Form PRIOR to entering

Your Name:

Your Mobile No (parents' number if under 18):

Date/Day and Time of your visit:

Please answer all questions below - *tick yes or no* .

1. Have you visited any of the countries outside Ireland excluding Northern Ireland? Yes  No
2. Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? Yes  No
3. Are you experiencing any difficulty in breathing, shortness of breath? Yes  No
4. Are you experiencing any fever-like/Temperature symptoms? Yes  No
5. Did you consult a Doctor or other medical practitioner within the last 14 days ? Yes  No
6. How are you feeling Healthwise? Unwell  Well
7. Have you been in contact with someone who has visited an affected region in the past 14 days? Yes  No
8. Have been around someone with symptoms of Covid-19 in the last 14 days? Yes  No
9. Is a member of your household self-isolating? Yes  No
10. Are you in a period of self-isolation and/or cocooning under the current Health Policy Rules? Yes  No
11. Are you in a high-risk health category? Yes  No
12. Are you under 13 years of age or 70 years of age or over? Yes  No

**If you have answered "YES" to any of the questions above or have indicated to us that you have symptoms of COVID-19 you should not attend the athletics club. You are prohibited from entering or using the grounds/facilities and advised to seek professional medical help/assistance.**

NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. social distancing, hand washing/hand sanitising and general coughing/sneezing etiquette?

Signature Visitor :

Date:

Signature of Parent/Guardian required for under 18s