

PRE-RETURN TO EXERCISE PERSONAL ASSESSMENT DECLARATION

Should you answer **YES** to any of the below questions you should **NOT** attend the club and before you return you should follow appropriate medical advice and guidelines.

	QUESTION	YES	NO
1	Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3A	Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3B	Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you suffering now, or have you suffered any the following symptoms in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
	A	<input type="checkbox"/>	<input type="checkbox"/>
	B	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/>	<input type="checkbox"/>
	D	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>
	F	<input type="checkbox"/>	<input type="checkbox"/>
	G	<input type="checkbox"/>	<input type="checkbox"/>
	H	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you been advised by a doctor to cocoon?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you returned to Ireland from another country within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

If "YES", where?

I confirm that I have not travelled from another country in the past 14 days , that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising management and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer "yes" to any of the above questions).

NAME:

SIGNATURE:

DATE: