

## 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?		
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?		
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?		
3B	Have you been advised by a doctor to self-isolate at this time?		
4	Are you suffering now, or have you suffered any the following symptoms in the past 14 days?		

A	Cough
B	Breathing difficulties
C	Fever/ High temperature
D	Sore Throat
E	Runny Nose
F	Flu Like Symptoms
G	Rash
H	Loss Of Smell/Taste

6	Have you been advised by a doctor to cocoon?		
7	Have you returned to Ireland from another country within the last 14 days?		

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:	_____