

Athletics Ireland Covid 19 screening questionnaire

To be completed by all club members on arrival at the club

Club name and location:

Your Name:

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

Time and Date of your visit:

To ensure the Safety & Health of all people interacting with our club, all visitors must complete this declaration form prior to entering our site. If you indicate to us that you have symptoms of COVID-19 or you have been abroad in the last 14 days with exception to Northern Ireland, you should not attend the athletics club. Where this is the case, you are prohibited from entering using the club and advised to seek professional medical help/assistance.

Please circle your answers below.

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? Yes / No
6. How are you feeling Healthwise? Well / Unwell
7. Have you been in contact with someone who has visited an affected region in the past 14 days?
Yes/No

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

Signature Visitor (parents' number if under 18):

Date: