

Athletics Ireland Covid 19 screening questionnaire

To be completed by all athletes and officials on arrival at the Competition

Your Name:

Club name and location:

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

Time and Date of your visit: **Thu 30 July 2020, 5:30 pm**

To ensure the Safety & Health of all people attending the competition, all officials must complete this declaration form prior to entering on-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 competition. Where this is the case, you are prohibited from entering the competition 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 (parents' if under 18):

Date: