

SELF-ASSESSMENT FOR COVID-19 SYMPTOMS CHECK

1. Have you been tested for COVID-19? Yes / No
2. Have you been or are you currently a contact of a COVID-19 case or a suspected case? Yes / No
3. Have you completed or are you in the process of completing a 14-day period of self-isolation? Yes / No
4. Have you returned from a country abroad on the 'quarantine list' within the past 14 days? Yes / No
5. How are you feeling today? Good / Poorly
6. Do you have a fever or body temperature higher than 37.5 degrees? Yes / No
7. Do you have a cough, throat pain, muscle pain, unusual weakness, short of breath, chest pain, any palpitations (abnormal heart rate), diarrhea or conjunctivitis? Yes / No
8. Do you have a loss of sense of smell or taste? Yes / No
9. Any relevant signs or symptoms of COVID-19 that you think we should be aware of? Yes / No

Please refer to HSE guidelines (<https://www.hse.gov.uk/coronavirus/index.htm>) on how you should proceed if you answer YES or Poorly to the above questions.

This self-assessment should be completed by all coaches, players (YOUTH and SENIOR ONLY), officials and volunteers involved in a training session or fixture. It does not have to be completed as a physical questionnaire with key personnel being asked to self-assess against the above questions.

If you are in any doubt DO NOT attend the training session or fixture without clearance from the club.

