



CIYMS COVID-19 Self-Assessment Form

Club name and location: _____

Your name: _____

Your mobile number: _____

Time & date of your visit: _____

To ensure the Health & Safety 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 the exception of travel between Northern Ireland and Republic of Ireland, you should not attend the club's training facility. Where this is the case, you are prohibited from entering or using the club and advised to seek professional medical help/assistance. Please circle your answers below.

Questionnaire Yes No

Do you currently have, or have you been diagnosed as having COVID-19 in the last 14 days? _____

Are you awaiting results of a test relevant to COVID-19? _____

Have you travelled abroad in the last 14 days? _____

If yes, please state where. _____

Have you displayed any symptoms of COVID-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and / or loss of taste or smell. _____

If yes, which symptom(s) have you displayed,

Do you live in the same household as someone, or have been in close contact with someone (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day) who has displayed symptoms of COVID-19 in the last 14 days or who has a confirmed case of COVID-19? _____

If you answered Yes to any of the above questions, have you contacted a doctor or other medical practitioner? If Yes, then please follow the medical advice that you are receiving or, failing that, seek medical advice. _____

Have you been advised by a doctor to cocoon or self-isolate at this time? _____

Please provide details below of any other circumstances relating to COVID-19 not included in the above, which may need to be considered to allow for your safe return to training, _____

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

I confirm that the above information is accurate to the best of my knowledge.

Print name: _____

Signature (parent/guardian number if under 18): _____

Date: _____