

Martial Arts Covid 19 Pre return to training screening form:

This form must be sent back to your instructor filled in and signed, **BEFORE**, you are able to return to training. You can print sign take a picture and then send it back to coach, or you can print, sign, scan and return it by e mail. **If any of the answers below change in the next 14 days, it is your responsibility to immediately inform your instructor and the club CV 19 officer.**

All people interacting with our club, all club members/parents/visitors must complete this declaration Form PRIOR to entering

Your Name/Child's Name:	
Your Mobile No (parents' number if under 18):	
Class Group	

Please answer all questions below - **tick yes or no** .

Q No	Question	Yes	NO
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 within the last 14 days?	Yes	NO
6	How are you feeling Healthwise?	Unwell	Well
7	Have you been in contact with someone who has visited an affected region in the past 14 days	Yes	NO
8	Have been around someone with symptoms of Covid-19 in the last 14 days?	Yes	NO
9	Is a member of your household self-isolating?	Yes	NO
10	Are you in a period of self-isolation under the current Health Policy Rules?	Yes	NO
11	Are you in a high-risk health category?	Yes	NO

If you have answered "YES" to any of the questions above or have indicated to us that you have symptoms of COVID-19 you should not attend training. You are prohibited from entering or using the facilities and advised to seek professional medical help/assistance. NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. social distancing, hand washing/hand sanitising and general coughing/sneezing etiquette?

Signature Visitor: _____

Date: _____

Signature of Parent/Guardian required for under 18s _____ Date: _____

Reminder if any of these answers change it is your responsibility to inform the coach **AND** Covid 19 club officer