



Community Games - Covid 19 Screening Questionnaire

To ensure the Safety & Health of all people interacting within the Area/County/Province - all members/parents/visitors must complete this Declaration Form PRIOR to entering

Name: I/WE:

Mobile No (parents/Guardians number if under 18):

Date/Day and Time of your visit:

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

1. Do you believe that you may currently have Covid 19

Yes No

2. Have you had any of the following symptoms of COVID-19 in the past 14 days?

High temperature (i.e. over 37.5°C)

Yes No

3. A new continuous cough

Yes No

4. New unexplained shortness of breath

Yes No

5. Loss of sense of smell or taste

Yes No

If you have answered YES to any of these questions you should stay at home and contact your GP by phone for further advice. If you have answered NO to all of the above questions, you may train or play with your team.

*The Questionnaire will need to be completed **once** before the initial return to training, it will be the responsibility of the individual to inform their Community Games Covid Officer of any change in circumstances before subsequent sessions.*

I confirm that the details above are true to the best of my knowledge, and that I/we understand the risks involved in participation, that I/we are participating on a voluntary basis and may opt out at any time. I consent for Community Games to retain this information in line with their GDPR Data Protection Policy.

Signature Visitor:

Signature of Parent/Guardians required for under 18s:

Date:

GDPR: For Covid Officer Information Only: This document MUST be kept in a safe, secure location and securely and completely destroyed within 30 days