

appendix a:

Personal Screening Questionnaire – To be sent pre-session via email, Google form or similar.

This form must be utilised to ensure that you are free from COVID-19 symptoms and pose limited risk to others. This should be completed prior to each session by club members but does not need to be shared with the club.

Date: _____ Name: _____

Contact details: (email/contact number)

1. Are you currently diagnosed with or believe you may have COVID-19?	YES	NO
2. Have you had any of these symptoms of COVID-19 in the past 14 days?	YES	NO
→ High temperature (fever)?	YES	NO
→ A new continuous cough?	YES	NO
→ New unexplained shortness of breath?	YES	NO
3. Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?	YES	NO
4. Provided direct care for COVID-19 patients in the past 14 days?	YES	NO
5. Visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?	YES	NO
6. Traveled together with COVID-19 patient in any kind of conveyance in the past 14 days?	YES	NO
7. Arrived in Ireland from another country in the last 14 days – this includes Irish citizens travelling home?	YES	NO

If you have answered YES to any of these questions you should stay at home and inform your medical practitioner.

Resources:

[Department of Health](#) | [Gov.ie Press Release](#) | [Sport NI Return to Sport Framework](#)