

Covid-19 Guidelines on Safe Return to Gaelic Games

APPENDIX 1 – SAMPLE HEALTH QUESTIONNAIRE FORM FOR GAELIC GAMES

NAME: _____

CLUB: _____

TEAM: _____

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 _____	A new continuous cough Yes _____ No _____
New unexplained shortness of breath Yes _____ No _____	Loss of sense of smell, of taste or distortion of 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.

Please sign this form to confirm that the details above are true to the best of your knowledge, that you or your guardian have completed the Gaelic Games online Covid-19 Education Module and to confirm that you understand the risks involved in participation, are participating on a voluntary basis and that you may opt-out at any time.

The Questionnaire will need to be completed once before the initial Return to Training. It will be the responsibility of the individual to inform the team's Covid Supervisor of any change in circumstance before subsequent sessions.

SIGNED:* _____

**(For underage players, this document should be signed by a Parent or Guardian)*

DATE: _____

**Your information will be stored securely on the GAA's Games Management System*