

Club Active
Unit 13 Zone C
Mullingar Business Park
Mullingar
Co. Westmeath
Tel: 044 93 96904



Covid 19 Questionnaire and Self Declaration

Question	Yes	No
Have you returned to the Island of Ireland from another country in the last 14 days?		
Have you been in close contact with anyone who has been confirmed with having the COVID 19 virus?		
Do you live in the same house-hold as a person who has symptoms of COVID 19 and who has been in isolation during the last 14 days?		
Do you have any of the following typical symptoms of COVID 19; FEVER High Temperature Persistant coughing or Breathing Difficulties/Shortness of breath?		

I confirm that I have answered the questions above, truthfully based on my current condition and I commit to advising management and excluding myself from training if my situation changes(such as if at any point in the future I would have to answer yes to any of the above questions).

Name

Signature

Date
