

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. Frontline workers who have taken appropriate safety precautions in their workplace, who have no symptoms of Covid 19 can take part in club sessions. They should still complete the form below.

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
→ Loss of taste or smell?	YES	NO
→ Abnormal taste	YES	NO
→ Experienced a rash	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
→ If yes, have you followed protocol for appropriate precautions (PPE etc) in your working environment?	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](#)

[Health Protection Surveillance Unit Return to Sports Activities for Children and Adolescents](#)