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| **Fit To Play Survey | Must be completed in full before any player can participate in club activity** | | |
| Name: |  | |
| Parent/Guardian name if completing on behalf of u18 or vulnerable adult: |  | |
| In Case of Emergency Contact Name & Number: |  | |
| Club: |  | |
| Date Completed: |  | |
| Tel Number: |  | |
| Email address: |  | |
|  | | |
| Have you been outside Ireland in the last 14 days? | Yes | No |
| Have you been in contact with someone within the last 14 days who has suspected Covid-19? | Yes | No |
| Have you displayed any of the following symptoms of Covid-19 in the last 14 days? | | |
| High Temperature | Yes | No |
| Continuous Cough | Yes | No |
| Unexplained shortness of breath | Yes | No |
| Loss of sense of smell, or taste or distortion of taste | Yes | No |
| If you answered YES to any of the questions above then you are not permitted to train or play at this time. | | |
| For those who were advised to cocoon or deemed high risk. Have you received clearance from your GP that it is safe for you to return to sport? If n/a leave blank. | Yes | No |
| Have you completed the Sport Ireland or equivalent Covid 19 online awareness training: | Yes | No |
| I declare that I have completed this survey to the best of my knowledge. | | |
| SIGNED: | | |