|  |
| --- |
| Fit To Play Survey TEMPLATE | 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: |  |
|  |
| Are you fully vaccinated from Covid-19, or recovered from Covid-19 in the last 6 months? | Yes | No | Prefer Not To Say |
| Are your International travel movements in line with current Government guidelines?  | Yes | No |
| Have you been in contact with someone within the last 14 days who has suspected Covid-19? | Yes | No |
| If you answered NO or Prefer Not to Say, to any of the questions above, you can only train in a Pod of 6 session.  |
| 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: |