

# Return to Gaelic Games Personal Health Assessment and Declaration

Should you answer YES to any of the below questions you should **NOT** attend training and before you return you should follow appropriate medical advice and guidelines.

<b>NAME</b>	
<b>CLUB</b>	
<b>TEAM/CODE</b>	

	QUESTION	YES	NO
<b>1</b>	Have you been diagnosed with or do you believe you may currently have COVID-19?		
<b>2</b>	Have you been in close contact (<2m for 15mins or more) with anyone who is SUSPECTED OR CONFIRMED to have the COVID-19 virus in the last 14 days?		
<b>3</b>	Have you had any of the following symptoms of COVID-19 in the past 14 days?		
	<b>a</b> Fever/High Temperature (over 37.5C)		
	<b>b</b> A new continuous cough		
	<b>c</b> Shortness of breath/breathing difficulties		
	<b>d</b> Loss of sense of smell, taste or distortion of taste		
	<b>e</b> Flu like symptoms, sore throat, or runny nose		
<b>4</b>	Have you returned to Canada from another country within the last 14 days? If yes, where from?		

If you have answered yes to any of these questions or if your temperature as recorded today is higher than 37.5°C, you should not attend training, stay home and consider contacting your GP by phone for further advice.

I confirm that I have not travelled from another country in the past 14 days , that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising management and excluding myself if this situation changes, (i.e., if at a point in the future, I would answer “yes” to any of the above questions). \*To be signed by parent or guardian if under the age of 18

<b>NAME</b>	
<b>SIGNATURE*</b>	
<b>DATE</b>	