

5 APPENDIX 1: HEALTH QUESTIONNAIRE FORM

HEALTH QUESTIONNAIRE FORM

[To be retained by the appointed COVID-19 Supervisor]

NAME: _____

DATE: _____

TEAM: _____

NAME OF GP: _____

1. Have you been diagnosed with or do you believe you may currently have COVID-19?

Yes ____

No ____

2. Have you had any of the following symptoms of COVID-19 in the past 14 days?

High temperature (i.e. over 37.5°C) Yes ____ No ____	Loss of sense of smell, of taste or distortion of taste Yes ____ No ____
New unexplained shortness of breath Yes ____ No ____	Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days Yes ____ No ____
A new continuous cough Yes ____ No ____	

3. Please indicate Temperature as recorded today _____

If you have answered YES to any of these questions or if your temperature as recorded today was over 37.5°C, you should stay at home and contact your GP by phone for further advice.

If you have answered NO to all of the above questions, and your temperature as recorded today is lower than 37.5°C you may train or play with your team on the date specified above. Please sign this form to confirm that the details above are true to the best of your knowledge, that you or your guardian have completed the Gaelic Games online Education Module and to confirm that you understand the risks involved in participation, are participating on a voluntary basis and that you may opt-out at any time.

Signed:* _____

*(For underage players, this document should be signed by a Parent or Guardian)