

Covid-19 Guidelines on Safe Return to Gaelic Games

APPENDIX 1 – SAMPLE HEALTH QUESTIONNAIRE FORM FOR GAELIC GAMES

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?

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