Cork Athletics Covid-19 Health Screening Form - Cross-Country Day 1, Riverstick, Sunday October 4th 2020

This form must be completed prior to travel and no earlier than 24 hours BEFORE the XC Meet

Email address ☐

Name ☐

Mobile Number ☐
(Parent/Guardians Number, if under 18)

Club ☐

Capacity Attending (Circle applicable) **Athlete / Parent or Guardian / Event Official or Support / Board Officer**

		Yes	No
1	Have you, in the past 14 days, been diagnosed with, or suspected of having, Covid-19?	☐	☐
2	Have you, or another member of your household, been advised, by a doctor, to self-isolate at this time?	☐	☐
3	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)?	☐	☐
4	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	☐	☐
a	Cough?	☐	☐
b	Breathing Difficulties?	☐	☐
c	Fever / High Temperature?	☐	☐
d	Sore Throat?	☐	☐
e	Runny Nose?	☐	☐
f	Flu-like symptoms?	☐	☐
g	Rash?	☐	☐
h	Loss of Taste or Smell?	☐	☐
5	Do you reside in a county that is currently in Level 3?	☐	☐
6	Have you recently visited any country outside Ireland excluding Northern Ireland?	☐	☐

If you answered "YES" to any of the questions above, or have indicated to us that you have symptoms of COVID- 19, you must NOT attend the Cross-Country Meet. You are PROHIBITED from entering or using the grounds/facilities and are advised to seek professional medical help/assistance.

		Yes	No
7	Are you in a high-risk health category?	☐	☐
8	Are you aged 70 years or over?	☐	☐

If you answered Yes to Questions 7 and/or 8, you are strongly advised to seek medical advice before attending

NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. social distancing, hand washing/hand-sanitising and general coughing/sneezing etiquette

Signature ☐

Date ☐   Time ☐