

HOCKEY IRELAND COVID-19 HEALTH QUESTIONNAIRE FORM FOR MEMBER CLUBS RETURNING TO TRAINING IN CONNACHT

This document should be printed, completed, signed by parent / guardian, and handed to the club COVID-19 Manager / Supervisor by the player on arrival at the pitch on the day the session takes place. This form should not be completed any earlier than 2 hours before the start of the session.

Date:

Group:

Name:

1. Do you believe you may currently have COVID-9? Yes _____ NO _____
2. Have you had any of the following symptoms of COVID-19 in the past 14 days?
 - High Temperature (Over 37.5 C) Yes _____ NO _____
 - Loss of sense of smell and/or taste Yes _____ NO _____
 - New continuous cough Yes _____ NO _____
 - New unexplained shortness of breath Yes _____ NO _____

If you have answered YES to any of these questions above, you should stay at home and contact your GP by phone for further advice. If you have answered NO to all the above questions, 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 and confirm that you understand the risks involved in participation, are participating on a voluntary basis and that you may opt out at any time.

Declaration: I agree to inform the CVO/member of coaching staff should I develop any symptoms of COVID-19 and will not participate in club activity until I have medical clearance to do so.

Signed: * _____

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

Please provide your contact details in the event contact tracing is required:

Phone:

E-Mail:

Address:

Please follow all Hockey Ireland Return to Play Protocol when travelling to and from the ground and when partaking in training sessions.



Coronavirus
COVID-19

