



Ballincollig Rugby Football Club

Tanner Park, Ballincollig, Co. Cork

IRFU COVID-19 FIXTURE IMPACT FORM

The COVID-19 Fixture Impact Form should be used when any of the following affects the ability of a club to field a team in a competitive fixture:

- A confirmed case of COVID-19
- A suspected case of COVID-19 (where a player has been referred for testing by a GP/Public Health)
- Contact tracing has determined the need for players to restrict their movements

The form should be emailed to the competition's designated administrator/manager immediately after any of the above situations are confirmed.

Please note, a club does not have the authority to cancel a match.

Matches are only cancelled on the basis of medical advice or instructions from public health.

In the event that a match is called off, the competition's administrator/manager will notify all parties.

As per IRFU COVID-19 Suspected/Confirmed Case Response Guidance:

If a club member has COVID-19 symptoms, they should self-isolate and contact their GP.

The club can continue as normal at this stage.

If a GP advises there is no COVID-19 concern, both the person and the club can continue as normal. For the purposes of this form, a club member should only be considered a suspected case once they are referred for testing.

If a club member is sent for a test, they must inform their GP if they have taken part on club activity and ask for advice on what the club should do.

As a precautionary measure, the club member's training group/pod should shut down temporarily until the results of the test.

If a club member tests negative, the training group/pod can resume activity and the person can return once symptom free for 48 hours.

If a club member tests positive, their training group/pod should remain closed and await advice from the Public Health Authority.

If a club member has elected to undergo PCR testing without medical advice, the club should only take action based on the outcome of the test.



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| IRFU COVID-19 FIXTURE IMPACT FORM | |
|-----------------------------------|--|
| Date: | |
| Club: | |
| COVID-19 Club Compliance Officer | |
| Name: | |
| Email: | |
| Mobile Phone Number: | |

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| Please outline the impact of COVID-19 on the fixture: |
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| Please outline how players have been affected by COVID-19 | | | | |
|---|--------------|----------------------|-------------------------|----------------------------|
| <i>Tick as appropriate where a player has been referred for testing, confirmed as a case or been designated a close contact of a COVID-19 case.</i> | | | | |
| Player | Forward/Back | Referred For Testing | Confirmed COVID-19 Case | Designated a Close Contact |
| Player 1 | | | | |
| Player 2 | | | | |
| Player 3 | | | | |
| Player 4 | | | | |
| Player 5 | | | | |

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| What advice was offered by the GP/Public Health for the team? |
| |

| Fixture Details | Date | Opposition | Venue |
|-----------------|------|------------|-------|
| Last Fixture | | | |
| Next Fixture | | | |

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| Is there any more information you feel is important to add: |
| |

| Contact Details For Person Submitting this form (If different from COVID-19 Club Compliance Officer) | |
|--|--|
| Name: | |
| Role In Club: | |
| Email: | |
| Contact Number: | |

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| <i>I confirm I am authorised to act on my club's behalf and submit with their full consent.</i> | |
| Signature: | |