



**Ballincollig RFC COVID-19 Pre-return Personal Assessment Declaration. May also be used for the Visitor Health Declaration**

**If you answer “YES” to any of the questions below you should NOT attend training/playing or any other activities in Ballincollig RFC.**

Name	Activity attending	
Question	Yes / No	
1) Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the last 14 days? i.e. less than 2 metres for more than 15 minutes accumulative in 1 day).		
2) Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3) Have you been advised by a doctor to self-isolate at this time?		
4) Have you been advised by a doctor to cocoon or shield at this time?		
5) Are you feeling unwell, have felt unwell or suffered any the following symptoms in the past 14 days? Cough, Fever, High Temperature, Sore Throat, Runny Nose, Breathlessness, Loss of Smell/Taste, New Skin Rash, New Gastrointestinal Symptoms, Flu Like Symptoms.		
6) Have you returned from another country within the last 14 days?		
7) I confirm that I have read and understand the 'Ballincollig RFC Return to Play Safety Plan' as seen on the club website.		

**\*\* If your situation changes after you complete and submit this form, please tell management/Covid Compliance Officer.**

**Print Name:** ..... **Signature** .....

**Email address** ..... **Date:** .....