**ARCHERY IRELAND COVID - 19 SAMPLE HEALTH QUESTIONNAIRE FORM FOR CLUB MEMBERS RETURNING TO TRAINING**

**This document should be returned to the Club Covid-19 Compliance Officer (CVO) prior to training. We recommend that this would be completed electronically and emailed (to avoid additional handling) to the CVO no more than two hours prior to the start of training.**

Date:

Club position:

Name:

1. 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?

* 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.

Signed:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*(For underage archers, this document should be signed by a Parent or Guardian)

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

Phone:

Email:

Address: