

## Self Declaration Form

To help prevent the spread of COVID-19 in the Ski Club every visitor/client user must complete and sign this form before visiting the club. Should you answer YES to any of the below questions you should not attend the club and you should follow appropriate medical advice and guidelines

Question	Yes / No
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, loss of smell and taste, or flu like symptoms now or in the past 14 days?	
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	
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 accumulative in 1 day)?	
4. Have you been advised by a doctor to self-isolate at this time?	
5. Have you been advised by your doctor to cocoon?	
6. Have you returned to Ireland from another country within the last 14 days?	
7. If Yes, where?	
I commit to advising the ski club and excluding myself from attendance if this situation changes (i.e. if at a point in the future, I would answer yes to any of the above questions).	
<b>Name:</b> <b>Family names:</b>	<b>Signature</b>
<b>Date</b>	