



### PRE-RETURN TO WRESTLING PERSONAL ASSESSMENT DECLARATION

Should you answer YES to any of the below questions you should **NOT** attend your club and before you return you should follow appropriate medical advice and guidelines.

QUESTION	YES	NO
<b>1</b> Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to have had COVID-19 virus in the last 14 Days?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3A</b> Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3B</b> Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Are you suffering now, or have you suffered any the following symptoms in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Cough	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Fever/ High temperature	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Flu Like Symptoms	<input type="checkbox"/>	<input type="checkbox"/>
<b>G</b> Rash	<input type="checkbox"/>	<input type="checkbox"/>
<b>H</b> Loss Of Smell/Taste	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Have you been advised by a doctor to cocoon?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Have you returned to Ireland from another country within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

If "YES", where?

I confirm that I have not travelled from another country in the past 14 days , that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising management and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer "yes" to any of the above questions).

**NAME:**

**SIGNATURE:**

**DATE:**