

# SELF-ASSESSMENT FOR COVID-19 SYMPTOMS CHECK

1. Have you been tested for COVID-19? Yes / No
2. Has someone within your household tested positive for COVID-19 case or has symptoms? Yes / No
3. Have you completed or are you in the process of completing a period of self-isolation? Yes / No
4. How are you feeling today? Good / Poorly
5. Do you have a fever or high body temperature? Yes / No
6. Do you have a cough, throat pain, muscle pain, unusual weakness, short of breath, chest pain, any palpitations (abnormal heart rate), diarrhea or conjunctivitis? Yes / No
7. Do you have a loss of sense of smell or taste? Yes / No
8. Any relevant signs or symptoms of COVID-19 that you think we should be aware of? Yes / No

Please refer to HSE guidelines (<https://www.hse.gov.uk/coronavirus/index.htm>) on how you should proceed if you answer YES or Poorly to the above questions.

**This self-assessment should be completed by all coaches, players (YOUTH and SENIOR ONLY), officials and volunteers involved in a training session or fixture. It does not have to be completed as a physical questionnaire with key personnel being asked to self-assess against the above questions.**

If you are in any doubt DO NOT attend the training session or fixture without clearance from the club.

