

# appendix a:

Personal Screening Questionnaire – To be sent pre-session via email, Google form or similar.

This form must be utilised to ensure that you are free from COVID-19 symptoms and pose limited risk to others. This should be completed prior to each session by club members but does not need to be shared with the club. Frontline workers who have taken appropriate safety precautions in their workplace, who have no symptoms of Covid 19 can take part in club sessions. They should still complete the form below.

Date:	Name:	
Contact details: (email/contact number)		
1. Are you currently diagnosed with or believe you may have COVID-19?	<b>YES</b>	<b>NO</b>
2. Have you had any of these symptoms of COVID-19 in the past 14 days?	<b>YES</b>	<b>NO</b>
→ High temperature (fever)?	<b>YES</b>	<b>NO</b>
→ A new continuous cough?	<b>YES</b>	<b>NO</b>
→ New unexplained shortness of breath?	<b>YES</b>	<b>NO</b>
→ Loss of taste or smell?	<b>YES</b>	<b>NO</b>
→ Abnormal taste	<b>YES</b>	<b>NO</b>
→ Experienced a rash	<b>YES</b>	<b>NO</b>
3. Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?	<b>YES</b>	<b>NO</b>
4. Provided direct care for COVID-19 patients in the past 14 days?	<b>YES</b>	<b>NO</b>
→ If yes, have you followed protocol for appropriate precautions (PPE etc) in your working environment?	<b>YES</b>	<b>NO</b>
5. Visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?	<b>YES</b>	<b>NO</b>
6. Traveled together with COVID-19 patient in any kind of conveyance in the past 14 days?	<b>YES</b>	<b>NO</b>
7. Arrived in Ireland from another country NOT CURRENTLY ON THE GREEN LIST in the last 14 days — this includes Irish citizens travelling home?	<b>YES</b>	<b>NO</b>

If you have **ANSWERED YES** to any of these questions you should **STAY AT HOME** and inform your medical practitioner.