

appendix a

Covid Self Declaration

To be sent by the club to participants pre-session via email, Google form or similar.

This form should be used by session participants to screen and declare immunity status to their club.

Date:	
Name:	
Contact details (email/contact number):	
1. Are you currently diagnosed with or believe you may have COVID-19?	YES/NO
2. Have you had any of these symptoms of COVID-19 in the past 14 days? → High temperature (fever)? → A new continuous cough? → New unexplained shortness of breath? → Loss of taste or smell? → Abnormal taste → Experienced a rash	YES/NO
3. I have reviewed the relevant protocols issued by Triathlon Ireland and agree to comply with them?	YES/NO
4. I acknowledge the risk of COVID-19 and I am attending club activities at my own risk.	YES/NO
5. I confirm I will not attend training if I have any COVID-19 symptoms, and if I test positive for COVID-19 I will advise my club's Lead COVID-19 Officer.	YES/NO
6. If I am aware that I am a close contact of a COVID-19 case I will follow the guidance outlined by HSE and I will contact my club's Lead COVID-19 Officer should I be required to self-isolate.	YES/NO
7. I agree to adhere to all COVID-19 notices at the facility, agree to adhere to all TI, club and the facility's COVID-19 measures and agree to abide by any directions given by all club officers/ coaches while on premises specific to COVID-19 health and safety measures.	YES/NO
8. I agree that if travelling abroad I will comply with the current Government Covid 19 advice on international travel specific to the country you arrived from?	YES/NO

Please indicate your COVID-19 immunity status (over 18's only)

COVID-19 immunity is defined on www.gov.ie as fully vaccinated or recovered from COVID-19 within the previous 6 months.

I have COVID-19 immunity	
I DO NOT have COVID-19 immunity	
I do not wish to disclose my COVID-19 immunity status	