



CLG Eochail Return to Training Heath Questionnaire

PLAYER NAME: _____

DATE: _____

TEAM: _____

1. Have you been diagnosed with or do you believe you may currently have COVID-19?
Yes ____ No ____
2. Have you had any of the following symptoms of COVID-19 in the past 14 days?

High temperature (i.e. over 37.5°C); Yes ____ No ____	New unexplained shortness of breath; Yes ____ No ____
A new continuous cough; Yes ____ No ____	Loss of sense of smell, of taste or distortion of taste; Yes ____ No ____

If you have answered YES to any of these questions you should stay at home and contact your GP by phone for further advice.

If you have answered NO to all of the above questions you may train or play with your team.

Please sign this form to confirm that the details above are true to the best of your knowledge, that you or your guardian have completed the Gaelic Games online Education Module and to confirm that you understand the risks involved in participation, are participating on a voluntary basis and that you may opt-out at any time.

Signed:* _____

*(For underage players, this document should be signed by a Parent or Guardian)