



Athy Triathlon Club - Participant Questionnaire

This form must be utilised to ensure that you are free from COVID-19 symptoms and pose limited risk to others.

The form should be completed by club members prior to each session they are attending but does not need to be shared with the club. If you answer yes to one of the questions, you must not attend that session.

Date:

Name:

Contact details: (email/contact number)

1. Are you currently diagnosed with or do you believe you may have COVID-19?
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?
3. Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?
4. Provided direct care for COVID-19 patients in the past 14 days?
5. Visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?
6. Travelled together with COVID-19 patient in any kind of conveyance in the past 14 days?
7. Arrived in Ireland from another country in the last 14 days – this includes Irish citizens travelling home?

If you have answered YES to any of these questions you should stay at home and inform your medical practitioner.