**INDIVIDUAL RETURN TO ROWING DECLARATION FORM.**

**To be completed by each individual that is intending to take part in an event**

***Should you answer YES to any of the below questions you should NOT attend the event and before you return you should follow appropriate HSE advice and guidelines.***

***Name:***

***Club: Contact number: Contact Email:***

***Date of event: Name of the event:***

|  |  |  |
| --- | --- | --- |
| **Question**  | **Yes**  | **No**  |
| 1. **Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to have had COVID-19 virus in the last 14 days?**
 |  |  |
| 1. **Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days?**
 |  |  |
| 1. **Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?**
 |  |  |
| 1. **Have you been advised by a doctor to self-isolate at this time?**
 |  |  |
| 1. **Are you suffering now, or have you suffered any the following symptoms in the past 14 days?**
* **Cough**
* **Breathing difficulties**
* **Fever/ High temperature**
* **Sore Throat**
* **Runny Nose**
* **Flu Like Symptoms**
* **Rash**
* **Loss Of Smell/Taste**
 |  |  |
| 1. **Have you returned to Republic of Ireland or Northern Ireland from another country within the last 14 days?**

**If Yes Where?**  |  |  |

**I confirm that I have not travelled from another country in the past 14 days, that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising my club Covid officer and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer “yes” to any of the above questions).**

**NAME: SIGNATURE: DATE:**