

**Bandon Athletic Summer Camp**  
**Covid – 19 Health Screening Questionnaire.**

**Date of Summer Camp** 20<sup>th</sup> /21<sup>st</sup> / 22nd July 2020

Covid Safety Officer on duty Leo Flynn

Covid Safety Supervisor on Duty Susan Mc Court

**The following will be practiced**

- Social distancing
- Good respiratory Etiquette
- Avoid touching eyes, nose, mouth.
- Each Child must bring a bag with their Sanitiser, Lunch, Water
- Please answer all questions. Take photo and submit to [covidofficer@bandonac.org](mailto:covidofficer@bandonac.org)
- All submissions to be received by no later than **Friday 17<sup>th</sup> July 2020**, for processing.

Note: If you answer **Yes** to any of the questions, your young athlete must not attend the summer camp.

No	Question	Yes	No
1	<i>Have you visited any of the countries outside Ireland excluding Northern Ireland?</i>		
2	<i>Are you suffering any flu like symptoms/symptoms of coronavirus covid-19?</i>		
3	<i>Are you experiencing any difficulty in breathing, shortness of breath?</i>		
4	<i>Are you experiencing any fever-like/Temperature symptoms?</i>		
5	<i>Did you consult a Doctor or other medical practitioner within the last 14 days?</i>		
6	<i>Are you feeling unwell Healthwise?</i>		
7	<i>Have you been in contact with someone who has visited an affected region in the past 14 days?</i>		
8	<i>Have been around someone with symptoms of Covid-19 in the last 14 days?</i>		
9	<i>Is a member of your household self-isolating?</i>		
10	<i>Are you in a period of self-isolation and/or cocooning under the current Health Policy Rules?</i>		
11	<i>Are you in a high-risk health category?</i>		

Name of athlete \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Club Covid Compliance Office Signature \_\_\_\_\_



Date 20<sup>th</sup> July 2020