

Bandon Athletic Covid – 19 attendance / Incidents records (Contact Tracing)

Date of Training _____ Covid Safety Supervisor on duty _____

All athletes must be assigned to a group using the HSE guide lines, and may be reduced at the club's discretion which includes the coach and their helpers.

All coaches will ensure that proper social distancing is adhered to, and also practice good respiratory hygiene, and avoid touching eyes, nose, mouth as per your signed club declaration.

Coaches will ask all athletes as a group, the following health questions from the Athletics Ireland Covid – 19 screening questionnaire. All questions apply to athletes/ Coaches / Helpers

The Athletes acknowledgement and response will be an obvious nod /shake of the head for **YES / NO**. Only athletes who answers **NO** to **ALL** questions are permitted to attend training

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

Coach 1		Helper 1	
Coach 2		Helper 2	
Athletes Names		Athletes Names	
Athlete 1		Athlete 8	
Athlete 2		Athlete 9	
Athlete 3		Athlete 10	
Athlete 4		Athlete 11	
Athlete 5		Athlete 12	
Athlete 6		Athlete 13	
Athlete 7			

Recorded Covid Incidents (Close Contact Sneezing / Coughing observed)

Contact 1	Contact 2	Nature of Covid Incident

Senior Person in charge of section _____

Date _____

Club Safety Office Signature _____

Date _____