

## PRE-RETURN SELF DECLARATION FORM

**If you answer YES to any of the below questions you should NOT attend your club and before you return you should follow appropriate medical advice and guidelines.**

Questions		Yes	No
<b>1</b>	Have you been in close contact with anyone who is confirmed to have had COVID-19 virus in the last 14 days?		
<b>2</b>	Have you been in close contact with anyone who is suspected of having COVID-19 virus in the last 14 days?		
<b>3</b>	Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation in the last 14 days?		
<b>4</b>	Have you been advised by a doctor to self-isolate at this time?		
<b>5</b>	Are you suffering now, or have you suffered any of the following symptoms in the past 14 days?		
		<b>Yes</b>	<b>No</b>
	Cough		
	Breathing Difficulties		
	Fever / High temperature		
	Sore Throat		
	Runny Nose		
	Flu Like Symptoms		
	Rash		
	Loss of Smell / Taste		
<b>6</b>	Have you been advised by a doctor to cocoon?		
<b>7</b>	Have you returned to Ireland / Northern Ireland within the last 14 days from a country listed by Government, which requires individuals to self-isolate or restrict their movements on their return?		
<b>8</b>	If "YES", WHERE? <i>Insert name of country</i> _____		
<b>9</b>	Have you received a COVID 19 vaccination?	Yes	No

**If you answer yes to any of the questions 1-6 in the above section of this Pre-return Self Declaration form, you must receive a medical examination & clearance from your GP to participate in Special Olympics Ireland activities**

**For Athletes whose Athlete Participation Form (APF) has expired or is due to expire between March 2020 – 30<sup>th</sup> June 2021 only OR if an athlete was diagnosed with COVID-19**

Tick YES or No to the following questions		Yes	No
<b>1</b>	Have you a health condition that requires annual or more frequent assessment and monitoring by a specialist or your GP e.g. Diabetes, severe asthma, any cardiac condition, any condition in which a constant review of medication is necessary?		
<b>2</b>	Have you had the COVID-19 virus and been hospitalised?		

3	Have you experienced at rest /during exercise: difficulty breathing, chest pain, shortness of breath, loss of consciousness, light-headedness, visual changes, headache, cough, skipped heartbeats?			
<p><b>If you answered Yes to any of these 3 questions (immediately above) you must complete an Athlete Participation form (APF) &amp; complete Pre return Self Declaration Form.</b></p> <p><b>All new athletes must complete a Temporary Registration on Form</b></p>				
	Name:			
	BLOCK CAPITALS			
	Signature:			
	Date:			