# **PRE-RETURN SELF DECLARATION FORM – ATHLETE & VOLUNTEER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | | | | |
|  | ***Tick YES or No to the following questions*** |  |  |  |
| 1 | Have you been told by Public Health and /or guided by their requirements to self-isolate because of a positive antigen (lateral flow test) or positive PCR test? | **Yes** |  | **No** |
|  |  |  |  |  |
| 2 | If you have had COVID-19, how would you rate your symptoms |  |  |  |
|  | ***One (1) of the following four (4) options only requires an answer*** |  |  |  |
|  | **None** - no symptoms of COVID-19 | **Yes** |  | **No** |
|  | **Mild** - cough, headache, loss of taste & smell, tiredness that went away within 2 weeks | **Yes** |  | **No** |
|  | **Moderate** - Shortness of breath on exertion, all over aches /muscle pain | **Yes** |  | **No** |
|  | **Severe** - hospitalisation for any reason | **Yes** |  | **No** |
|  |  |  |  |  |
| 3 | Have you had your Covid-19 vaccinations and booster vaccine (unless you have had Covid in the last 3 months)? | **Yes** |  | **No** |
|  |  |  |  |  |
| 4 | Have you been advised by a doctor to self-isolate? | **Yes** |  | **No** |
|  |  |  |  |  |
| 5 | Have you a health condition that requires annual or more frequent assessment and monitoring by a Medical Specialist or your GP e.g., Diabetes, severe asthma, any cardiac condition, any condition in which a constant review of medication is necessary? | **Yes** |  | **No** |
| A medical examination & written clearance from your GP or Medical Specialist to participate in Special Olympics Ireland activities is required on answering   * Yes   + to question 1 – having a positive antigen (lateral flow test) or positive PCR test   + and having Moderate and /or Severe symptoms of Covid -19 only * And /Or   + Having a change in health condition that requires annual or more frequent assessment and monitoring by a Medical Specialist or your GP or any cardiac condition, any condition in which a constant review of medication is necessary.   Note: At all times adherence to COVID-19 advice from Public Health and Government is essential. Individuals with a positive antigen (lateral flow test) and or positive PCR test; cannot attend any club and/or any Special Olympics activities | | | | |
| Name: | | | | | |
| BLOCK CAPITALS | | | | | |
| Signature: | | | | | |
| Date: | | | | | |

**OR**

|  |
| --- |
| I am a parent / guardian / carer of the athlete named below. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I confirm the above declarations on behalf of the athlete. |
| Athlete name: |
| Relationship: PARENT/GUARDIAN/CARER |
| Signature: |
| Date: |