

Tullamore Basketball Club



COVID-19 Screening Document

To ensure the Safety & Health of all people interacting with our club, all club members must complete this declaration form prior to participating in Basketball activities, either playing or coaching.

Date & Time attending Training/Game:	
Name of participant:	
Age of participant (if under 18):	
Contact Phone Number: (parent's number if under 18)	
E-mail Address:	
Venue:	
If under 18, Parent/Guardian's name:	

Please answer all questions below by ticking yes or no.

1. Have you been in contact with anyone with or suspected of having Covid-19 in the last 48 hours? Yes No
2. Has anyone in your household had COVID-19 symptoms in the last 2 weeks? Yes No
3. Have you been advised to self-isolate due to an infection in another setting, such as school? Yes No
4. Do you have any flu like symptoms/symptoms of coronavirus COVID-19?
(E.g., Cough, chills, temperature over 38°C, shortness of breath, loss of taste/smell, sore throat) Yes No

If you have answered "YES" to any of questions 1-5 or have indicated to us that you have symptoms of COVID-19 you should not attend Tullamore Basketball Club.

5. Do you have any underlying health conditions that would put you at further risk should you contract COVID-19? (E.g., Cardiovascular problems, high blood pressure, diabetes, chronic kidney/ liver disease, compromised immunity) Yes No

If you have answered "YES" to question 5 and have not consulted and received permission from your doctor to resume club activity, you should not attend Tullamore Basketball Club.

Signed*: _____

Date: _____

***Signature of Parent/Guardian required for under 18s.**

Thank you for supporting our efforts to return to basketball activities in as safe a manner as possible.