



WSI Kildare COVID-19 Self Report Screening (Participant/ Volunteer)

You will be aware of the ongoing outbreak of COVID-19, also known as Coronavirus. Water Safety Ireland Kildare are adhering to guidance from the Health Protection Surveillance Centre in containing the virus and ensuring a safe environment for athletes and staff.

As one of our measures, we are seeking to identify any potential cases at the earliest opportunity to avoid any contacts/spread. The research to date for this novel virus suggests that transmission appears to be during symptomatic phase, and as such, identifying those with symptoms and isolating them should reduce risk significantly.

In addition, it complies with our general illness rule which is to avoid contacts in the club when ill. Please answer the following questions (YES / NO) prior to travelling to any club-based activity and submit to the club as per their instructions.

This process must be completed for each and every activity with your club that you intend to attend.

Name: _____ Date: _____

1. Have you travelled to any country (outside of all-Ireland) in the last 14 days? YES / NO

If YES, You should not leave home and you should not travel to the pool. You should avoid contact with any other club members for 14 days (from the time of your return). If you are symptom free for 14 days, you may return to the club.

If No, please proceed to the next question.

2. Have you been in contact with a case of COVID-19 (>15 minutes face to face contact)? YES / NO

If YES,. You should not leave home and you should not travel to the pool. We recommend you contact your GP for advice

If No, please proceed to the next question.

3. Have you been contacted by a member of Public Health about a recent case of COVID-19? YES / NO

If YES,. You should not leave home and you should not travel to the pool. We recommend you contact your GP for advice

If No, please proceed to the next question.

4. Do you have any of the symptoms below in the last 48 hours?

- Cough YES/ NO
- Fever YES / NO
- Feeling short of breath YES / NO
- Excessive fatigue/tiredness (out of proportion to normal) YES / NO
- Sore throat YES / NO
- Headache YES / NO
- General aches and pain (out of proportion to normal) YES / NO
- Loss of taste or smell YES / NO
- Gastrointestinal issues (e.g. Diarrhoea, Nausea, etc.) YES / NO

If the answer to any of the above questions is YES, You should not leave home and you should not travel to the pool. We recommend you contact your GP for advice

If the answers to all questions are NO, you can attend training with your club

Participant / Volunteer Signature: _____ Date: _____

Parent/Carer Signature (if U18): _____