


**PRE-RETURN SELF DECLARATION FORM**

If you answer YES to any of the below questions you should <b>NOT</b> attend your club and before you return you should follow appropriate medical advice and guidelines.						
Questions				Yes	No	
1	Have you been in close contact with anyone who is confirmed to have had COVID-19 virus in the last 14 days?					
2	Have you been in close contact with anyone who is suspected of having COVID-19 virus in the last 14 days?					
3	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?					
4	Have you been advised by a doctor to self-isolate at this time?					
5	Are you suffering now, or have you suffered any of the following symptoms in the past 14 days?					
		Yes	No		Yes	No
	Cough			Runny Nose		
	Breathing Difficulties			Flu Like Symptoms		
	Fever / High temperature			Rash		
	Sore Throat			Loss of Smell / Taste		
6	Have you been advised by a doctor to cocoon?					
7	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?					
8	If "YES", WHERE? <i>Insert name of country</i> _____					
9	Have you received a COVID 19 vaccination?			Yes	No	
<p><b>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 &amp; clearance from your GP to participate in Special Olympics Ireland activities</b></p>						

For Athletes whose Athlete Participation Form (APF) has expired or is due to expire between March 2020 – 30 <sup>th</sup> June 2021 only <u>OR</u> if an athlete was diagnosed with COVID-19						
Tick YES or No to the following questions				Yes	No	
1	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?					
2	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:					

**All athletes, family members and volunteers must complete the Sport Ireland course**  
<https://www.sportireland.ie/covid19/course>

before returning to activities and should familiarise themselves with  
<https://www.specialolympics.ie/sport/return-to-activities/return-to-activity-resources-for-parents-guardians-or-carers>