



Visitor COVID-19 Questionnaire

Name:

Contact Details:

Date:

Time:

Purpose of Visit:

To ensure the Safety & Health of all people interacting with [Ballybunion Health and Leisure Centre](#) members/visitors and contractors must complete this declaration form prior to entering our sites/accessing activities. If you indicate to us that you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Northern Ireland you should not attend the facility/activity. Where this is the case, you are prohibited from entering the site/activity and advised to seek professional medical help/assistance.

Note: Caution is advised for those who intend to engage in high intensity training following a recovery

(Please circle your answers below)

1. Have you visited any of the countries outside Ireland excluding Northern Ireland?	Yes	No
2. Are you suffering any flu like symptoms/symptoms of coronavirus Covid-19?	Yes	No
3. Are you experiencing any difficulty in breathing, shortness of breath?	Yes	No
4. Are you experiencing any fever like/Temperature symptoms?	Yes	No
5. Did you consult a Doctor or other medical practitioner?	Yes	No
6. How are you feeling Healthwise?	Well	Unwell
7. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes	No

from Covid-19. Individuals should seek medical advice prior to a return to training.

NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitizing, general coughing/sneezing etiquette and social distancing.

Signature

Date