



Irish Athletic Boxing Association (IABA) COVID-19 Screening Questionnaire

To ensure the Safety & Health of all people interacting with our Club, all club members/parents/visitors must complete this Declaration Form PRIOR to entering. All forms for members under 18 year of age MUST be signed by a parent/guardian.

Your Name:

Your Mobile No

*(parents/guardian number if under 18):

Date/Day and Time of your visit:

Please answer all questions below - *tick yes or no* .

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 within the last 14 days? Yes No
6. How are you feeling Healthwise? Unwell Well
7. Have you been in contact with someone who has visited an affected region in the past 14 days? Yes No
8. Have been around someone with symptoms of Covid-19 in the last 14 days? Yes No
9. Is a member of your household self-isolating? Yes No
10. Are you in a period of self-isolation and/or cocooning under the current Health Policy Rules? Yes No
11. Are you in a high-risk health category? Yes No

***Members 70 years of age or over are strongly advised not to attend club activities as they are classed as being in a very high-risk group. For clarity, this decision is a matter for the individual to decide.**

Signature Member/Visitor:

Date:

***NB: Signature of Parent/Guardian required for under 18s**