Racquetball Association of Ireland - Personal Assessment Declaration

Question	Yes	No
Have you been in close contact (<2m for 15mins or more) with anyone who has been confirmed to have Covid-19 in the last 14 days?		
Have you been in close contact (<2m for 15mins or more) with anyone who has been suspected to have Covid-19 in the last 14 days?		
Do you live in the same household as someone who has symptoms of Covid-19 that has been in isolation within the last 14 days?		
Have you been advised by a doctor to self-isolate at this time? Have you been advised by a doctor to cocoon?		
Have you returned to Ireland from another country within the last 14 days?		
Are you suffering now or in the past 14 days with any of the following symptoms? • Cough • Breathing Difficulties • Fever/High Temperature • Sore Throat • Runny Nose • Flu like symptoms • Rash • Loss of smell/taste		

If you have answered YES to ANY of these questions you should not return to your club or participate in any practice sessions. You should seek medical advice and follow government guidelines.

I confirm that I have not travelled from another country in the past 14 days, that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus.

I commit to advising management and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer "yes" to any of the above questions.

Name		
Signature		
Date		