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| **PRE-RUGBY PERSONAL ASSESSMENT DECLARATION** | | | | | | | |
| **This form must be completed and submitted to your club/school before each and every rugby activity (e.g. training or match). Should you answer YES to any of these questions, you should NOT attend your club.** | | | | | | | |
|  |  | | |  |  |  |  |
| Questions | | | |  | YES |  | NO |
| **1** | Have you been identified by Public Health as a close contact of a confirmed case of COVID-19 in the past 14 days? | | |  |  |  |  |
|  |  | | |  |  |  |  |
| **2** | Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? | | |  |  |  |  |
|  |  | | |  |  |  |  |
| **3** | Have you been advised by a doctor to self-isolate or restrict movement at this time? | | |  |  |  |  |
|  |  | | |  |  |  |  |
| **4** | Are you feeling unwell, have felt unwell in the past 48 hours or have any common symptom of COVID-19 including: | | |  |  |  |  |
|  |  | A | Fever or High Temperature |  |  |  |  |
|  |  | B | A New Continuous Cough |  |  |  |  |
|  |  | C | Unexplained Breathing Difficulties Or Shortness Of Breath |  |  |  |  |
|  |  | D | Loss or change to your sense of smell or taste |  |  |  |  |

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| --- |
| ***If you have any of these symptoms, you should self-isolate and contact your GP. People in your household will need to restrict their movements.*** |

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| **5** | Are you currently required to self-isolate/restrict movement due to recent overseas travel? |  |  |  |  |
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| I confirm that the above declaration is true, to the best of my knowledge and in accordance with my club/school’s code of conduct. I also confirm that I will abide by all government guidelines and make myself aware of any changes to same. | |
|  | |
| NAME: |  |
| SIGNATURE: |  |
| DATE: |  |

A close up of a logo

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