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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 questions 1-5, you should NOT attend your club. For question 6, the latest government travel advice applies. Before you resume, you should follow appropriate medical advice and guidelines.** |
|  |  |  |  |  |  |
| Questions |  | YES |  | NO |
| 1 | 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) |  |  |  |  |
|  |  |  |  |  |  |
| 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 at this time? |  |  |  |  |
|  |  |  |  |  |  |
| 4 | Have you been advised by a doctor to cocoon or shield at this time? |  |  |  |  |
|  |  |  |  |  |  |
| **5** | Are you feeling unwell, have felt unwell or suffered any the following symptoms in the past 14 days? |  |  |  |  |
|  |  | A | Cough |  |  |  |  |
|  |  | B | Fever |  |  |  |  |
|  |  | C | High Temperature |  |  |  |  |
|  |  | D | Sore Throat |  |  |  |  |
|  |  | E | Runny Nose |  |  |  |  |
|  |  | F | Breathlessness |  |  |  |  |
|  |  | G | Loss of Smell/Taste |  |  |  |  |
|  |  | H | New Skin Rash |  |  |  |  |
|  |  | I | New Gastrointestinal Symptoms |  |  |  |  |
|  |  | J | Flu Like Symptoms |  |  |  |  |

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| **6** | Have you returned from another country within the last 14 days? |  |  |  |  |
|  |  |  |  |  |  |
|  | If yes, where? |  |

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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: |  |

