

Irish Indoor Bowling Association: Health Questionnaire Form For Club Members Returning To Bowls

This document should be returned to the Club Covid-19 Compliance Officer (CVO) prior to bowling. We recommend that this would be completed electronically and emailed (to avoid additional handling) to the CVO no more than two hours prior to the start of training.

Date:

Team/Section:

Name:

1. Do you believe you may currently have COVID-19? YES ____ NO ____

2. Have you had any of the following symptoms of COVID-19 in the past 14 days?

- High temperature (over 37.5°C) YES ____ NO ____
- Loss of sense of smell and/or taste YES ____ NO ____
- New continuous cough YES ____ NO ____
- New unexplained shortness of breath YES ____ NO ____

If you have answered YES to any of these questions above, you should stay at home and contact your GP by phone for further advice. If you have answered NO to all the above questions, you may play with your team on the date specified above.

Please sign this form to confirm that the details above are true to the best of your knowledge and confirm that you understand the risks involved in participation, are participating on a voluntary basis and that you may opt-out at any time.

Signed:* _____

*(For underage players, this document should be signed by a Parent or Guardian)

Please provide your contact details in the event contact tracing is required:

Phone:

Email:

Address:

Please follow all IIBA Return to Play Protocol when travelling to and from the venue and when partaking in practice sessions.