



## Moycullen Basketball Club

### Covid-19 Health Questionnaire

**Competition:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

1. Have you been diagnosed with or do you believe you may currently have Covid-19?
2. Have you had any of the following symptoms of Covid-19 in the past 14 days?
  - ✓ High temperature (i.e over 37.5°C)
  - ✓ New unexplained shortness of breath
  - ✓ A new continuous cough
  - ✓ Loss of sense of smell, of taste or distortion of taste
  - ✓ Have you been in contact with a Covid-19 confirmed or suspect case in the previous 14 days?
  - ✓ Flu-like symptoms (runny nose, sore throat, fever)
  - ✓ Gastrointestinal symptoms
  - ✓ Unexplained skin rash
3. Have you been advised by a doctor to self-isolate or restrict movement at this time?
4. Have you been in contact with a Covid-19 confirmed or suspect case in the previous 14 days?
5. Have you travelled to any country that requires self isolation on return within the last 14 days?

By signing below I confirm I have answered no to all of the questions above and declare that the information I have given is true and complete to the best of my knowledge.

