

## Health Questionnaire

**Before you return to Comhaltas activities, please complete all of the following questions. This form will be treated in the strictest of confidence and comply with all GDPR regulations.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- A New continuous cough

YES  NO

- New unexplained shortness of breath

YES  NO

- Loss of sense of smell, taste or distortion of taste

YES  NO

If you answer **YES** to any of these questions, please do not attend any Comhaltas facility or activity. We strongly advise you to seek medical advice and follow medical instruction.

If you have answered **NO** to all of the above questions, you may resume Comhaltas activities.

*Please sign this form to confirm that the details above are true to the best of your knowledge, and to 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: \_\_\_\_\_

Date: \_\_\_\_\_