**COVID-19 Form**

To help prevent the spread of COVID-19 at this Trec event, every attendee must complete and sign this form before arriving. On review of the form, event organizers may contact you and ask you not to arrive N.B. Every question **must** be answered.

|  |  |  |
| --- | --- | --- |
| Event Address: | Date of Event | |
| Tel of event organiser | |
| Question | | Yes / No |
| 1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? | |  |
| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? | |  |
| 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 2 metres for more than 15 minutes accumulative in 1 day)? | |  |
| 1. Have you been advised by a doctor to self-isolate at this time? | |  |
|  | | |

\*if you are unsure whether or not you are in an at-risk category, please check the information on the HSA website (www.hsa.ie) on at risk categories.

\*\* If your situation changes after you complete and submit this form, please tell event organizer as soon as possible.

Print Name:………………………………………………………….Signature……………………………………………

Print Contact #……………………………………………

Date:……………