Poseidon Lifesaving Club

Health Questionnaire for Poseidon Lifesaving Club Members 2021

Please complete the following questionnaire and email it to info@poseidon.ie before you attend training.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Have you had any of the following in the past two weeks? | **YES** | **NO** |
| * Fever
 |  |  |
| * Cough
 |  |  |
| * Shortness of breath
 |  |  |
| * Difficulty in breathing
 |  |  |
| * Cold or flu-like symptoms
 |  |  |
| * Sudden loss of taste or smell
 |  |  |
| * Diarrhoea
 |  |  |
| * Sudden loss of energy
 |  |  |
|  |  |  |
| * Have you had any contact with a confirmed case of COVID-19 in the past two weeks?
 |  |  |
| * Have you had a positive test for COVID-19 in the past two weeks?
 |  |  |
| * Have you travelled outside the country in the past two weeks?
 |  |  |

**If you have answered YES to any of these questions you should stay at home, do not come to training and contact your GP by phone for further advice.**

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.

It will be the responsibility of the individual/guardian to inform the Poseidon Lifesaving Club’ COVID-19 Supervisor, Freda O’Kelly of any change in circumstance **BEFORE** subsequent sessions.

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please scan your completed & signed form to** **info@poseidon.ie** **putting your child’s name in the subject line.**

**Data Protection Notice**

Your personal data is being collected on this form in order to help prevent the spread of COVID19 whilst training with Poseidon Lifesaving Club. Your personal data is being processed in accordance with Article 9(2)(i) of the General Data Protection Regulation, and Section 53 of the Data Protection Act 2018. The information you provide on this form will not be used for any other purpose and will be strictly confidential. This form will be accessible only by the designated COVID Supervisors and Committee Members. Your personal data will be retained for one year.

If you have any queries in relation to this, you can contact the Club Chairman by email at info@poseidon.ie