Poseidon Lifesaving Club

Health Questionnaire for Poseidon Lifesaving Club Members

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

Member DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you believe that you may currently have COVID-19?

Yes \_\_\_\_ No \_\_\_\_

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

* High temperature (i.e. over 37.5°c) Yes \_\_\_\_ No \_\_\_\_
* New unexplained shortness of breath Yes \_\_\_\_ No \_\_\_\_
* A new continuous cough Yes \_\_\_\_ No \_\_\_\_
* Loss of sense of smell, of taste or distortion of taste Yes \_\_\_\_ No \_\_\_\_

**If you have answered YES to any of these questions you should stay at home and contact your GP by phone for further advice.**

If you have answered NO to all of the above questions you may train with your team.

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.

The Health Questionnaire will need to be completed once BEFORE the initial Return to Training. It will be the responsibility of the individual to inform the Poseidon Lifesaving Club’ COVID Supervisor, Freda of any change in circumstance BEFORE subsequent sessions.

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

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

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

**Please scan your completed & signed form to** [**info@poseidon.ie**](mailto: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](mailto:info@poseidon.ie)