



PRE-RUGBY PERSONAL ASSESSMENT DECLARATION

This form must be completed and submitted to your club/school before each and every rugby activity (e.g. training or match). Should you answer YES to any of questions 1-5, you should **NOT** attend your club. For question 6, the latest government travel advice applies. Before you resume, you should follow appropriate medical advice and guidelines.

Questions		YES	NO
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 2m for more than 15 minutes accumulative in 1 day)	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been advised by a doctor to cocoon or shield at this time?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you feeling unwell, have felt unwell or suffered any the following symptoms in the past 14 days?		
	A Cough	<input type="checkbox"/>	<input type="checkbox"/>
	B Fever	<input type="checkbox"/>	<input type="checkbox"/>
	C High Temperature	<input type="checkbox"/>	<input type="checkbox"/>
	D Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
	E Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
	F Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
	G Loss of Smell/Taste	<input type="checkbox"/>	<input type="checkbox"/>
	H New Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
	I New Gastrointestinal Symptoms	<input type="checkbox"/>	<input type="checkbox"/>
	J Flu Like Symptoms	<input type="checkbox"/>	<input type="checkbox"/>



6

Have you returned from another country within the last 14 days?

If yes, where?

I confirm that the above declaration is true, to the best of my knowledge and in accordance with my club/school's code of conduct. I also confirm that I will abide by all government guidelines and make myself aware of any changes to same.

NAME:

SIGNATURE:

DATE:



KNOW
YOUR ROLE



SHOW
RESPECT



GO
TRAIN WELL