



Class: _____

Date: _____

Member Name: _____

Admin: _____

Covid Questionnaire:

- To the best of your knowledge has the member/chaperone been in close proximity to any individual who tested positive for COVID-19?

Yes No

- Has the member/chaperone or anyone in their household been tested for COVID-19 in the last 14 days?

Yes No

- Has the member/chaperone or anyone in their household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, or high temperature?

Yes No

- Has the member/chaperone or anyone in their household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 14 days?

Yes No

- Has the member/chaperone or anyone in their household travelled outside of Ireland in the last 14 days?

Yes No

- Has the member/chaperone or anyone in their household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

Yes No

Lakers Social & Recreation Club Ltd. Registered No. 395399 Charity No. 15208
The Old Schoolhouse, Eglinton Rd, Bray, Co. Wicklow. A98P6X9, Ireland Tel: 01 202 2694
info@lakers.ie
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Directors: Fergus Finlay, Joe Kelly, Ian Daly, Christopher King, John Latchford, Elaine Lande, Brian O'Mahoney, Mark Woods, Breffni O'Neill, Brenda McGuirk, William Day, Michael Fitzpatrick, Dan Ryan, Marian O'Rourke, Rebecca McAuley



- Do you have any reason to believe the member/chaperone or anyone in their household has been exposed to or acquired COVID-19?

Yes

No

I confirm that I have read the above questions and have answered to the best of my knowledge.

Chaperone Name (Block Capitals) : _____

Contact Number: _____

Signed: _____

Date: _____

The above information will be securely stored and will be destroyed after 21 days.

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