



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 these questions, you should **NOT** attend your club.

Questions		YES	NO
1	Have you been identified by Public Health as a close contact of a confirmed case of COVID-19 in the past 14 days?	<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 or restrict movement at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you feeling unwell, have felt unwell in the past 48 hours or have any common symptom of COVID-19 including:		
	A Fever or High Temperature	<input type="checkbox"/>	<input type="checkbox"/>
	B A New Continuous Cough	<input type="checkbox"/>	<input type="checkbox"/>
	C Unexplained Breathing Difficulties Or Shortness Of Breath	<input type="checkbox"/>	<input type="checkbox"/>
	D Loss or change to your sense of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>

If you have any of these symptoms, you should self-isolate and contact your GP. People in your household will need to restrict their movements.

5	Are you currently required to self-isolate/restrict movement due to recent overseas travel?	<input type="checkbox"/>	<input type="checkbox"/>
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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