








Covid-19 Questionnaire

Please complete this personal Screening Questionnaire before **EVERY** session


1	Are you currently diagnosed with or believe you may have COVID-19?	Yes	No
2	Have you had any of these symptoms of COVID-19 in the past 14 days?	Yes	No
	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Cough This can be any kind of cough, usually dry but not always</p> </div> <div style="text-align: center;">  <p>Fever High temperature over 38 degrees Celsius</p> </div> <div style="text-align: center;">  <p>Shortness of Breath</p> </div> <div style="text-align: center;">  <p>Breathing Difficulties</p> </div> </div>		
	High temperature (fever)?	Yes	No
	A new continuous cough?	Yes	No
	New unexplained shortness of breath?	Yes	No
	Breathing Difficulties?	Yes	No
3	Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?	Yes	No
4	Provided direct care for COVID-19 patients in the past 14 days?	Yes	No
5	Visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?	Yes	No
6	Travelled together with COVID-19 patient in any kind of conveyance in the past 14 days?	Yes	No
7	Arrived in Ireland from another country in the last 14 days – this includes Irish citizens travelling home?	Yes	No

If you have answered YES to any of these questions you should stay at home and inform your medical practitioner.


Help prevent coronavirus




Wash your hands




Cover mouth if coughing or sneezing




Avoid touching your face



Keep surfaces clean



Stop shaking hands and hugging



Keep a safe distance

The virus spreads in sneeze and cough droplets, so regularly taking the above measures helps reduce the chance of it spreading.