# CONTACT TRACING RECORD – ATTENDANCE AT WSI ACTIVITIES

*These records must be recorded and retained prior to the commencement of any Water Safety activity where face to face interaction between attendees in possible. Records are only be used for the purpose of contact tracing in relation to COVID-19 and for taking attendance.

This form must be completed by the person organising, providing or conducting such activities. It is mandatory for all participants to be asked the following questions prior to the commencement of it activity. Participants must be encouraged to report any changes in their personal circumstances in relation to COVID 19 symptoms.

All participants must verbally confirm, to the best of their knowledge that:

I currently have no symptoms of COVID-19.

I am not self-isolating or awaiting results of a COVID-19 test.

I undertake, should I develop any of the symptoms associated with COVID-19 or find myself awaiting the results of a COVID-19 test, I will absent myself from WSI activities until I return to full health.

| Date | Time | Name of Attendee | Phone number | Verbal Confirmation comments | Location / Venue / Activity attended |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



This form can be downloaded at www.watersafety.ie

# CONTACT TRACING RECORD – ATTENDANCE AT WSI ACTIVITIES

*These records must be recorded and retained prior to the commencement of any Water Safety activity where face to face interaction between attendees in possible. Records are only be used for the purpose of contact tracing in relation to COVID-19 and for taking attendance.

This form must be completed by the person organising, providing or conducting such activities. It is mandatory for all participants to be asked the following questions prior to the commencement of it activity. Participants must be encouraged to report any changes in their personal circumstances in relation to COVID 19 symptoms.

All participants must verbally confirm, to the best of their knowledge that:

I currently have no symptoms of COVID-19.

I am not self-isolating or awaiting results of a COVID-19 test.

I undertake, should I develop any of the symptoms associated with COVID-19 or find myself awaiting the results of a COVID-19 test, I will absent myself from WSI activities until I return to full health.

| Date | Time | Name of Attendee | Phone number | Verbal Confirmation comments | Location / Venue / Activity attended |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

 This form can be downloaded at www.watersafety.ie 