WSI COVID-19 - Volunteer Return to Water Safety Form

To help prevent the spread of COVID-19, every volunteer must complete and sign this form before returning to water safety. On review of the form, WSACs may contact you and ask you not to return to water safety immediately and will discuss a suitable future date for your return. N.B. Every question <u>must</u> be answered. It is mandatory for every volunteer to complete Sport Ireland's COVID course prior to returning to Water Safety.

Volunteer Name:	Volunteer Qualification:	WSAC Name:	Date Sport Ireland COVID course completed
Address:			

	Question		✓Yes	✓ No
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, flu like symptoms or loss or change to your sense of smell or taste now or in the past 14 days?	1.		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	2.		
3.	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 2 metres for more than 15 minutes altogether in 1 day)?	3.		
4.	Have you been advised by a doctor to self-isolate at this time?	4.		
5.	Have you been advised by a doctor to cocoon at this time?	5.		
6.	Please provide details* below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe return to work. Further information on people at higher risk from Coronavirus can be accessed here.	6.		
Additional Information				

I confirm, to the best of my knowledge that: (Please tick all boxes as appropriate)
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.

Print Name:

Date:

Version 1