Self-Assessment Personal Screening Questionnaire

This is a self-assessment from for your personal use. If you answer YES to any of the questions below you should stay at home and DO NOT ATTEND ANY CYCLING ACTIVITIES and inform your medical practitioner if you have not already done so.

Date:

Name:

Contact details: (email/contact number)

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 LINK? YES NO

→ High temperature (fever)? YES NO

→ A new continuous cough? YES NO

→ New unexplained shortness of breath? YES NO

→ Sneezing or runny nose? YES NO

→ A sore throat? YES NO

→ Loss of smell? YES NO

3. Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days? YES NO

4. Have you provided direct care for COVID-19 patients in the past 14 days? YES NO

5. Have you visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days? YES NO

6. Have you travelled together with COVID-19 patient in any kind of conveyance in the past 14 days? YES NO

7. Have you arrived in Ireland from another country in the last 14 days – this includes Irish citizens travelling home? YES NO