

Self-Assessment Personal Screening Questionnaire

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

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| 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?
Health Service Executive LINK
Public Health Agency LINK | |
| → High temperature (fever)? | YES NO |
| → A new continuous cough? | YES NO |
| → New unexplained shortness of breath? | 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 visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days*? | YES NO |
| 5. Have you travelled together with COVID-19 patient in any kind of conveyance in the past 14 days*? | YES NO |
| 6. Have you abided by Government guidelines in relation to traveling into the country? | YES NO |

**Healthcare or frontline workers wearing full PPE, in line with HSE/NHS guidelines are permitted to participate provided their employer has not advised self-isolation.*