

Malahide Sea Scouts
SELF / PARENT ADMINISTERED HEALTH QUESTIONNAIRE
FORM FOR SCOUTING ACTIVITIES

- **Have you been diagnosed with or do you believe you may currently have COVID-19?**

Yes _____

No _____

- **Have you had any of the following symptoms of COVID-19 in the past 14 days?**

- i. Loss of sense of smell, of taste or distortion of taste

Yes _____

No _____

- ii. Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days

Yes _____

No _____

- iii. High temperature (i.e. over 37.5°C)

Yes _____

No _____

- iv. New unexplained shortness of breath

Yes _____

No _____

- v. A new continuous cough

Yes _____

No _____

If you have answered **YES** to any of these questions or if your temperature as recorded today was over 37.5°C, you should stay at home and contact your GP by phone for further advice.

If you have answered **NO** to all of the above questions, and your temperature as recorded today is lower than 37.5°C you may participate in Scouting activities