



Coronavirus  
**COVID-19**  
Public Health  
Advice



## POOL / FITNESS COVID-19 QUESTIONNAIRE

Name:	Session Date:
Mobile No:	Session Start Time:
Email:	Activity (Please circle):
Signature:	Aquafit / Pool / Gym / Fitness Class

QUESTION	Please circle	
	Y	N
Have you been diagnosed as having Covid-19?	Y	N
Have you travelled abroad in the last 14 days?	Y	N
Have you displayed symptoms of Covid-19 in the last 14 days? Namely: <ul style="list-style-type: none"> <li>• Fever/High Temperature</li> <li>• Persistent Coughing</li> <li>• Breathing Difficulties/Shortness of Breath</li> <li>• Loss of Taste or Smell</li> </ul>	Y	N
Have you been advised by a doctor to cocoon?	Y	N
Have you been advised by a doctor to self-isolate?	Y	N
Have you been in contact with someone in the last 14 days who has been diagnosed with or displayed symptoms of having Covid-19 ?	Y	N

**IF YES TO ANY OF THE ABOVE PLEASE PROTECT OUR STAFF AND COMMUNITY BY NOT ENTERING OUR FACILITIES**

This Covid-19 questionnaire is to be completed and returned to [info@portarlingtonleisurecentre.ie](mailto:info@portarlingtonleisurecentre.ie) at least 3 hours prior to your pre-booked session. We will not be able to permit entry for those who do not have a valid questionnaire in place.