

Universal Combat Arts Academy

Covid-19 Health Questionnaire

Please Complete In Block Capitals



Name: (Print Clearly) _____

In light of Covid-19 Infection Control Measures I ask you to please fill in this Health Screening Questionnaire. You must answer “No” to all questions to take part in any of our classes or services. If you answer “Yes” to any of these questions please contact your health care professional, if not already done so, and follow the recommended guidance. Your co-operation and support are appreciated.

	Please answer the following questions using a tick ✓	Yes	No
1	Do you have any of the following typical COVID-19 symptoms – fever, shortness of breath, high temperature, persistent coughing?		
2	Have you been in close contact with persons who are confirmed as having the COVID-19 virus?		
3	Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?		
4	Have you returned to the island of Ireland from another country within the last 14 days?		

I confirm I have responded to the above questions truthfully based on my current condition and circumstances and I commit to exclude myself from participating in any classes should I have answered ‘YES’ to any of the above questions.

If my health situation changes in the future and the answer to a question above would now be yes, I will inform the UCAA and not attend any of its classes until my isolation period is over.

I am also aware that physical activity may be hazardous and that there may be risk involved. I acknowledge that I participate in the use of the facilities and classes at my own risk and take full responsibility for my actions.

Signature: _____
(if under 18 parent or guardian signature only)

Date: _____