



**RETURN TO DOJO
SELF ASSESMENT SCREENING FORM**

WSKF Sedai, as a member of O.N.A.K.A.I. the NGB for Karate in Ireland and Generations Fit, is complying with the Government and Sport Ireland’s guidance for the reopening of sport and ensuring the Safety & Health of all our members. One measure in the prevention of the spread of Covid19 is the identification of possible new cases and the limiting and tracing of their contacts.

All club members/parents/visitors must read and reply to questions **PRIOR** to attending each training session.

Your Name: _____

Date: _____

Your Mobile No (parents’ number if under 18):

Please answer all questions below - tick YES or NO.

- 1. Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? **Yes/No**
- 2. Are you experiencing any difficulty in breathing, shortness of breath? **Yes/No**
- 3. Are you experiencing any fever-like/Temperature symptoms? **Yes/No**
- 4. Did you consult a Doctor or other medical practitioner within the last 10 days ? **Yes/No**
- 5. How are you feeling Healthwise? **Unwell / Well**
- 6. Have you been in contact with someone who visited an affected region in the past 10 days? **Yes/No**
- 7. Have been around someone with symptoms of Covid-19 in the last 10 days? **Yes/No**
- 8. Is a member of your household self-isolating? **Yes/No**
- 9. Are you in a period of self-isolation and/or cocooning under the current Health Policy Rules? **Yes/No**
- 10. Are you in a high-risk health category? **Yes/No**

If you have answered **“YES”** to any of the questions, please do not attend indoor or outdoor class es and notify your Sensei.

If you have answered **“NO”** to all of the questions you may attend training.

NOTE: When in the Dojo / training venue, please adhere to all Protocols regarding health, safety, social distancing, and hygiene.

SIGNED: _____ (parent/guardian if u18)