

LIMERICK FLYING CLUB (COONAGH) CLG

COVID-19 Pilots Pre-flight questionnaire and declaration

It is the responsibility for all persons entering Coonagh Airfield **and** who intend to participate in a dual flight to complete the following questionnaire for themselves, a copy of which shall be maintained by the Club's COVID Response Team. The data will be confidential and will only be accessed in the event that the person completing this or someone with whom they had been in contact with contracts COVID-19. This form is issued on the direction of the Health Authorities. ***The person completing this form is required to and agrees to subject themselves to a temperature check using a non-contact thermometer.***

Please circle yes or no to the following questions, if the answer is YES to any of these questions then you must not return to the Airfield for fourteen days. The individual should follow recommended HSE self-isolation guidelines available at www.hse.ie

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| 1. Have you knowingly been in close proximity with someone who has travelled to Ireland from any other country in the past 14 days before the completion of this form (i.e. less than 6 feet for more than 15 minutes)? | YES | NO |
| 2. Have you knowingly been in contact with a person who has been diagnosed with Covid-19 (Coronavirus) in the past 14 days in advance of completing this form (i.e. less than 6 feet for more than 15 minutes)? | YES | NO |
| 3. Have you attended a hospital/healthcare facility where patients with Covid-19 (Coronavirus) are being treated in the past 14 days? | YES | NO |
| 4. Do you have symptoms of cough, cold, fever, high temperature, breathlessness or flu like symptoms now or in the past 48 hours? | YES | NO |
| 5. Have you been advised by a doctor to cocoon / isolate at this time? | YES | NO |

If subsequently within fourteen days the answers to any of the above questions change to YES or if you develop any symptoms, then you must IMMEDIATELY advise Limerick Flying Club. You should obviously seek appropriate medical advice. In the event you have a COVID 19 test which is positive, you must advise us so we can take appropriate measures in regard to anyone with whom you may have had contact at Coonagh.

Declaration

I _____ (print name), on date _____ sincerely declare, that the above information is truthful and accurate. I will also comply with all COVID-19 Health and Safety Guidelines as issued by the club on the recommendations of the Health Authorities.

Signed _____

Accepted _____

Contact Phone number: _____