

Covid-19 Self declaration questionnaire



Organising Club - _____ Event Name - _____

Name - _____ Contact No- _____

*Please note questionnaire must be signed and returned by email 3 days prior to the event. Please place an X in the box to indicate yes or no answer to each question.

Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or in the past 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e., less than 2m for more than 15 minutes accumulative in 1 day)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have travelled abroad and returned to Ireland recently. If this does not apply to you do not answer the question. Have you self-isolated for 14 days since returning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I the undersigned herewith declare that the above details are factually correct and true. I furthermore confirm that I fully indemnify Motorsport Ireland in respect of any injury, loss, or damage that I may suffer as a result of being exposed to any other competitor, official, marshal or event attendee in relation to the Covid 19 Infection/Virus and Covid 19 Pandemic generally and furthermore fully indemnify Motorsport Ireland in respect of any injury, loss or damage that may occur to any other competitor, official, marshal or event attendee as a result of being exposed to me.

I agree to abide by all Government, HSE and Motorsport Ireland requirements imposed in respect of COVID-19. I understand that Motorsport Ireland Guidance on COVID-19 in relation to Events has Regulatory status and to the extent applicable shall supersede the General rules and regulations. I understand that a breach of my obligations to give true and factually correct information in this document may lead to disciplinary action being taken and additional heavy penalties.

I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing and will be handled by the organisers in accordance with Motorsport Ireland data protection policy: www.motorsportireland.com/data-protection.

Signature - _____

Date - _____