**Coronavirus (Covid-19) Questionnaire/Self -Declaration**

**In the interest of safety of everyone at Bray Adventures, their families and the community, Bray Adventures ask that you complete the following questionnaire/self-declaration. Your co-operation and support are appreciated. You will be requested to leave if you answer “Yes” to any of the following questions**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Have you/your child travelled into Ireland from overseas in last 14 days? |  |  |
| Do you/your child have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms in the past 14 days? |  |  |
| Have you/your child been diagnosed with confirmed or suspected Covid – 19 infection in the last 14 days? |  |  |
| Are you/your child a close contact of a person who is a confirmed or suspected case of Covid -19 in the past 14 days (ie. Less than 2m for more than 15 minutes accumulative in 1 day)? |  |  |
| Have you/your child been advised by a doctor to self-isolate at this time? |  |  |
| Have you/your child been advised by a doctor to cocoon at this time? |  |  |

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising Bray Adventures and exclude myself/child from Bray Adventures if this situation changes, ( i.e, if a point in the future, I would answer “yes” to any of the above questions).

The purpose of collecting the data is to ensure the safety and wellbeing of everyone visiting Bray Adventures. We will not share your data with anyone who should not have access to it.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_