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ICC HEALTH DECLARATION FORM

Separate form for each day in attendance

To be completed prior to attending a coursing event and handed to admission attendant at entrance to the venue.

Venue: _____ **Date:** _____

I confirm that I am not displaying any of the main Covid-19 symptoms, such as fever or chills, cough, shortness of breath, fatigue, aches and pains.

I confirm that I will comply with all Covid-19 signage and direction from officials on such matters.

I confirm that if I feel unwell while in attendance at a coursing event, I will leave the venue and contact a medical advisor about my symptoms and I will notify the Covid-19 Compliance Official at the venue.

Name of Attendee: _____ Signature: _____

Address: _____ Contact No: _____

Name(s) of additional Family Member(s) residing at same address attending this meeting:

This form will be retained by club secretary and will only be used for Covid-19 contact tracing purposes. It will be destroyed after 28 days.