



Bermuda Rugby Football Club

RETURN TO RUGBY

PRE-RUGBY PERSONAL ASSESSMENT DECLARATION

This form must be completed and submitted to your club/school before each and every rugby activity (e.g. training or match). Should you answer YES to any of questions 1-5, you should **NOT** attend your club. For question 6, the latest government travel advice applies. Before you resume, you should follow appropriate medical advice and guidelines.

Questions	YES	NO
1 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)	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you feeling unwell, have felt unwell or suffered any the following symptoms in the past 14 days? <i>Symptoms can include: Cough, Fever, High Temperature, Sore Throat, Runny Nose, Breathlessness, Loss of Smell/Taste, New Skin Rash, New Gastrointestinal Symptoms or Flu Like Symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Have you returned from another country within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to travel and <u>fully vaccinated</u> , have you been tested for COVID-19 and <u>still awaiting a 4-day negative test</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
<i>This includes all BRFU activity programmes, the domestic league, Club Rugby and Sunday Rugby.</i>		
5b If <u>not fully vaccinated</u> , have you been tested for COVID-19 following 14-day quarantine and still awaiting a 14-day negative test?	<input type="checkbox"/>	<input type="checkbox"/>
6 If <u>not fully vaccinated</u> , have you completed a COVID-19 test in the last 30 days? This can be either a saliva test or a PCR test.	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that the above declaration is true, to the best of my knowledge and in accordance with my club/school's code of conduct. I also confirm that I will abide by all government and BRFU guidelines and make myself aware of any changes to same.

NAME: _____

SIGNATURE: _____

DATE: _____

WHEN PLAYERS ARE NOT WARMING UP OR PLAYING THEY WILL BE REQUIRED TO WEAR A FACE MASK

If you or anyone in your household tests positive up to 14 days after your last game, please contact one of the following individuals immediately so that we can notify and contact the Department of Health and those you have been in contact with:

Jill Brydon 591-6347
Jamie Baum 505-9431
Gemma Godfrey 300-0515



KNOW
YOUR ROLE



SHOW
RESPECT



GO
TRAIN WELL