

Self-Assessment Personal Screening questionnaire

*This is a self-assessment form for your personal use. If you answer YES to any of the questions below you should **stay at home and NOT ATTEND any AXA Community Bike Ride activities** (bike rides or training courses) and contact your GP.*

1.	Are you currently diagnosed with or believe you may have COVID-19?	YES NO
2.	Have you had any of these symptoms of COVID-19 in the past 14 days? → High temperature (fever)? → A new continuous cough? → New unexplained shortness of breath? → Sneezing or runny nose? → A sore throat? → Loss of smell?	YES NO YES NO YES NO YES NO YES NO YES NO
3.	Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?	YES NO
4.	Have you provided direct care for COVID-19 patients in the past 14 days?	YES NO
5.	Have you visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?	YES NO
6.	Have you travelled together with a COVID-19 patient in any kind of conveyance in the past 14 days?	YES NO
7.	Have you arrived in Ireland from another country in the last 14 days – this includes Irish citizens travelling home?	YES NO