



COVID-19 WELSH JUDO SELF DECLARATION FORM

This form must be utilised to allow contact tracing and to ensure that you are free from Covid-19 symptoms and pose a limited risk to others. It is important that once you have completed and signed this form that you send to or hand over to the person at your club or venue responsible for processing. To avoid virus transmission, an electronic version of the form is recommended and where possible sent back to the club via email or other electronic means.

Date	
Full Name	
Contact Email	
Contact Phone	

- I do not currently have symptoms of COVID-19 (new persistent dry cough, fever, loss of taste or smell)*
- I have not had a positive test for COVID-19 or onset of symptoms of COVID-19 in the last 10 days. (Individuals who have completed their period of isolation (10 days) and have no remaining symptoms (other than a dry cough or loss of taste or smell which can last for some time) may return to normal activities)*
- No member of my household has had symptoms of COVID-19 or has tested positive for COVID-19 in the last 14 days*
- I have not been contacted by a contact tracer from the Test, Trace and Protect Programme and told to isolate in the last 14 days as a contact of someone with confirmed COVID-19*
- I have not returned from a country outside of the UK in the last 14 days, other than those on the exempt list (<https://gov.wales/exemptions-self-isolation-coronavirus-covid-19-html>)*

I agree with the above statement	
I do not agree with the above statement and cannot take part in the activity	

Typed/Electronic Signature (Parent/Guardian if under 18 years old)	
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