

IRFU COVID-19 FIXTURE IMPACT FORM

The COVID-19 Fixture Impact Form should be used when any of the following affects the ability of a club to field a team in a competitive fixture:

- A confirmed case of COVID-19
- A suspected case of COVID-19 (where a player has been referred for testing by a GP/Public Health)
- Contact tracing has determined the need for players to restrict their movements

The form should be emailed to the competition's designated administrator/manager immediately after any of the above situations are confirmed.

Please note, a club does not have the authority to cancel a match.

Matches are only cancelled on the basis of medical advice or instructions from public health.

In the event that a match is called off, the competition's administrator/manager will notify all parties.

As per IRFU COVID-19 Suspected/Confirmed Case Response Guidance:

If a club member has COVID-19 symptoms, they should self-isolate and contact their GP.

The club can continue as normal at this stage.

If a GP advises there is no COVID-19 concern, both the person and the club can continue as normal. For the purposes of this form, a club member should only be considered a suspected case once they are referred for testing.

If a club member is sent for a test, they must inform their GP if they have taken part on club activity and ask for advice on what the club should do.

As a precautionary measure, the club member's training group/pod should shut down temporarily until the results of the test.

If a club member tests negative, the training group/pod can resume activity and the person can return once symptom free for 48 hours.

If a club member tests positive, their training group/pod should remain closed and await advice from the Public Health Authority.

If a club member has elected to undergo PCR testing without medical advice, the club should only take action based on the outcome of the test.



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Date:	
Club:	
COVID-19 Club Compliance Officer	
Name:	
Email:	
Mobile Phone Number:	

Please outline the impact of COVID-19 on the fixture:

Please outline how players have been affected by COVID-19

Tick as appropriate where a player has been referred for testing, confirmed as a case or been designated a close contact of a COVID-19 case.

Player	Forward/Back	Referred For Testing	Confirmed COVID-19 Case	Designated a Close Contact
Player 1				
Player 2				
Player 3				
Player 4				
Player 5				

What advice was offered by the GP/Public Health for the team?

Fixture Details	Date	Opposition	Venue
Last Fixture			
Next Fixture			

Is there any more information you feel is important to add:

Contact Details For Person Submitting this form (If different from COVID-19 Club Compliance Officer)

Name:	
Role In Club:	
Email:	
Contact Number:	

I confirm I am authorised to act on my club's behalf and submit with their full consent.

Signature:

