**Scoil Chrónáin**

**Return to School Questionnaire COVID-19**

This questionnaire must be completed by a parent/ guardian on behalf of their child in advance of their chid returning to school. If the answer is Yes to any of the below questions, you are advised to seek medical advice before your child returns to school.

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal: Loreto Desmond Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Questions** | **YES** | **NO** |
| 1. | Does your child have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? |  |  |
| 2. | Has your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| 3. | Has your child been advised by the HSE that they are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days? |  |  |
| 4. | Has your child been advised by a doctor to self-isolate at this time? |  |  |
| 5. | Has your child been advised by a doctor to cocoon at this time? |  |  |
| 6. | Has your child been advised by their doctor that they are in the very high risk group?  If yes, please liaise with your doctor and Principal re return to school. |  |  |

I confirm, to the best of my knowledge that my child has no symptoms of COVID-19, is not self-isolating or awaiting results of a COVID-19 test. Please note: The organisation is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the Covid-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and will be held securely in line with our retention policy.

Signed( Parent/ Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_