# Carriglea N.S. School Return Questionnaire COVID-19

This questionnaire must be completed by a Parent/Guardian on behalf of student attending Carriglea National School. It must be emailed prior to school start on Thurs 27th Aug or presented on the first morning of school to the class teacher by the child.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating, awaiting results of a COVID-19 test or been advised to restrict my movements. Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within in light of the Covid-19 pandemic.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_