

Student Return to School Questionnaire COVID-19

This questionnaire must be completed by students & their parent/guardian in advance of returning to school. If the answer is Yes to any of the below questions, you are advised to seek medical advice and notify the school that you will be unable to return to school until medically cleared to do so. Please complete and return by post to St Patrick's Comprehensive School by Monday 31st August 2020.

Student Name: _____ Year Group: _____

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. It is a requirement for anyone coming into Ireland, from locations other than those with a rating of 'normal precautions' ("green"), to restrict their movements for 14 days, and this includes school staff, parents and children or other students coming from abroad to attend school in Ireland. Restricting your movements means staying indoors in one location and avoiding contact with other people and social situations as much as possible. Have you returned from locations other than those with a rating of 'normal precautions' ("green") in the last 14 days ?		

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 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) Date: _____

