

St. Oliver's N.S.: Return to School Questionnaire: COVID-19

- This questionnaire must be completed by parents upon their child's return to school. If the answer is Yes to any of the below questions, you are advised to seek medical advice before returning to work.

Pupil's Name: _____

Name of School: St. Oliver's N.S.

Name of Principal: Catherine Tiernan-Bell Date: _____

	Questions	YES	NO
1.	Does your child continue to have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now?		
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 a doctor to cocoon at this time?		
6.	What actions did your take when your child was sent home from school with potential symptoms?		

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