

Ratheniska NS Pre-Return to School Questionnaire COVID-19

Questions	YES	NO
1 Do(es) your child(ren) 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 he/she been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3. Has he/she been advised by the HSE that he/she are is a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4 Has he/she been advised by a doctor to self-isolate at this time?		
5 Has he/she been advised by a doctor to cocoon at this time?		
6 Has he/she been advised by a doctor that he/she is in the very high risk group? If yes, please liaise with Principal re return to work and follow the agreed DES arrangements for very high risk groups		

This questionnaire must be completed and returned to the school with your child the day your child(ren) return(s) to school after any school closure **and/or** on readmission to school after being unwell .

Return to School Forms are available to download from www.ratheniskans.ie .

If the answer is Yes to any of the above questions, you are advised to seek **medical advice** before returning to school .

Pupil Name/s: _____

Name of School: _____

Name of Principal: _____ Date: _____

I confirm, to the best of my knowledge that my child(ren) have no symptoms of COVID-19, are not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict 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 this data will be held securely in line with our retention policy.

Signed: _____ . (Parent /Guardian)

Additional Information;
