

**St Gabriel's NS Covid 19
Return to School Questionnaire**

Child's Name:		
Parent/ Guardian Name:		
Date:		
Please circle your answers below:		
1.	Has your child visited any countries outside Ireland excluding Northern Ireland and 'green' regions in the past 14 days?	Yes/ No
2.	Is your child suffering from any of the below flu or Covid-19 symptoms?	
	Most Common Symptoms:	
	• Fever	Yes/ No
	• Dry Cough	Yes/ No
	• Tiredness	Yes/ No
	Less Common Symptoms:	
	• Aches and pains	Yes/ No
	• Sore throat	Yes/ No
	• Diarrhoea	Yes/ No
	• Conjunctivitis	Yes/ No
	• Loss of taste or smell	Yes/ No
	• Rash or discolouration of fingers or toes	Yes/ No
	Serious Symptoms:	
	• Difficulty breathing	
	• Chest pain or pressure	
	• Loss of speech or movement	
3.	Did you consult a doctor or other medical practitioner in the last 14 days for these, or similar symptoms?	Yes/ No
4.	How is your child feeling now? Healthy and well?	Well/Unwell
5.	Have you or your child been in contact with someone who has tested positive for Covid-19 in the past 14 days?	Yes/ No
6.	Are you or your child in contact with someone from a Covid-19 at-risk category?	Yes/ No
Note: When on site, children will be guided to the on-site standard processes/ procedures regarding infection control, i.e. hand washing/ hand sanitising and general coughing/sneezing etiquette.		
Parent/ Guardian Signature		