# St Brendan’s Boys Primary School

# Pre-Return to School PUPIL Questionnaire COVID-19

# This questionnaire MUST be completed by parents/guardians at least 3 days in advance of returning to school. This form can be completed electronically and can be emailed back to [secretary@stbrendansps.ie](mailto:secretary@stbrendansps.ie) or hard copy returned with child on Friday.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_

Name of School: St Brendan’s PS, Birr, Co Offaly.

Name of Principal: Mr Niall Crofton. Date: \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | **Questions** | **YES** | **NO** |
| 1. | Does your son 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 your son been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| 3. | Has your son been advised by the HSE that you are a close contact to a person who is a confirmed or suspected case of COVID-19 in the past 14 days? |  |  |
| 4. | Has your son been advised by a doctor to self-isolate at this time? |  |  |
| 5. | Has your son returned from a country in the last 14 days that is not listed on the Governments Green list for travel? |  |  |
| 6. | Has your son 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 school. |  |  |

Pupils who are displaying symptoms and have to go home from school must consult their own Doctor who will advise a referral for testing and a proposed date for return to school. The school management require written confirmation of same. 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.

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

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