



Holycross National School,  
Castlecomer,  
Co. Kilkenny



Roll No: 18643s

## Covid-19: Safe Return to School: Pupil Health Questionnaire Form

This questionnaire must be completed by parents in advance of a pupil returning to school after illness.

NAME OF CHILD: \_\_\_\_\_ CLASS: \_\_\_\_\_

\* Have you contacted your GP in relation to your child's symptoms? Yes  No

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

	Questions	YES	NO
1.	At the moment, does your child have symptoms of cough, fever, high temperature, sore throat, breathlessness or flu like symptoms?		
2.	Has your child or family been diagnosed with a confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Has your child or family been advised by the HSE that you are a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4.	Has your child or your family been advised by a doctor to self-isolate at this time?		
5.	Has your child or your family been advised by a doctor to cocoon at this time?		

**If you have answered NO to all of the above questions, your child may return to school.**

Please sign this form to confirm that the details above are true to the best of your knowledge. It will be the responsibility of parents/guardians to inform the school of any change in circumstances to the details you have provided above.

SIGNED: \_\_\_\_\_ (Parent(s) / Guardian(s))

DATE: \_\_\_\_\_