***[School Name] –* COVID-19 Returning to School Questionnaire**

*(To be completed by parents/carers if the pupil/student is under the age of 18)*

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| **Pupil/Student Name:** |  | **Date:** |  |

|  | | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- |
| 1 | Does the pupil/student have any underlying health conditions that put them at greater risk of serious illness if they contract COVID-19?  *A list of conditions that may put them in the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) categories is available* [*here*](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/)*. If ‘Yes’, please specify whether the pupil/student falls into the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) group by ticking the appropriate box in the ‘Comments’ column.* |  |  | Moderate risk (clinically vulnerable)  High risk (clinically extremely vulnerable) |
| 2 | Has the pupil/student been advised against attending the School a medical professional? |  |  |  |
| 3 | Does the pupil/student, or any members of their household (and/or members of their support/childcare bubble if they have one), currently have (or have recently had in the last 4 weeks), symptoms that may be caused by COVID-19? |  |  |  |
| 4 | Has the pupil/student ever tested positive for COVID-19?  *If ‘Yes’, please provide the date of the positive test result in the ‘Comments’ column.* |  |  |  |
| 5 | Has the pupil/student recently (in the last 2 weeks) been contacted by NHS Test & Trace and advised to self-isolate? |  |  |  |
| 6 | Has the pupil/student recently (in the last 2 weeks) visited a country that requires a 10-day quarantine/self-isolation on return to the UK?  *Further information is available* [*here*](https://www.gov.uk/government/publications/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk)*.* |  |  |  |
| 7 | Do you believe that returning to School would cause the pupil/student high levels of fear or anxiety?  *If ‘Yes’, please provide details of any specific concerns in the ‘Comments’ column.* |  |  |  |
| 8 | Is the pupil/student allergic to any soap or hand sanitiser products?  *If ‘Yes’, please provide details in the ‘Comments’ column.* |  |  |  |
| 9 | *Please provide any additional relevant comments or concerns:* | | | |

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| **Notes:** |
| The information you provide in this questionnaire will be handled with the strictest confidentiality and will only be reviewed by *[name person(s) responsible for reviewing completed questionnaires].*  Responses will be used to inform any additional support/risk control measures that may be required.  Please contact *[above named person]* if you have any questions or concerns relating to this questionnaire. |

*Please leave the following section blank.*

| **Reviewed by:** |  | **Date:** |  |
| --- | --- | --- | --- |
| **Comments/ Action Required:** | | | |
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