



# Covid-19 Health Check and Information Request

Child's Name \_\_\_\_\_ Class: \_\_\_\_\_

Please take the time to answer the following questions to help the school be as informed as possible when managing any potential outbreak of Covid-19 within school.

Question	Yes	No	Comment
Has anyone in your family unit received a positive diagnosis of Covid-19 since the outbreak?			Please let us know if we can help if you are still recovering.
Has anyone in your family unit had symptoms of Covid-19 in the last 14 days?			When did these symptoms start?
Does anyone in your family unit currently have any symptoms of Covid-19, however mild?			As a family you must isolate.
Will you be using a childminder / non household member to support you with childcare?			
Please comment on what you feel is your child's current state of mental health. Such as, are they feeling anxious or having trouble sleeping? We want to be able to support your child effectively and any information you feel could help would be appreciated.			

*Please note that this information will be shared with your child's class teacher and then filed in a Covid-19 information file held in our medical room.*

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/ Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to school by email or send in with your child on the first day of return.**