



Redeemer Boys' National School  
Ard Easmuinn  
Dundalk, Co. Louth

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## Pre-Return to School Covid-19 Questionnaire for Pupils

### Return to School Form

In the interests of the health and safety of the entire community of Redeemer Boys' N.S., this form must be completed by parents on behalf of their son in advance of his return to school.

If the answer is Yes to any of the below questions, you are advised to seek medical advice before sending your son to school and should contact the Principal directly.

Name: \_\_\_\_\_  
Name of School: Redeemer Boys' N.S.  
Name of Principal: Mrs Murray Date: \_\_\_\_\_

	Questions	YES	NO
1.	Does your son, or anyone in your household, have symptoms of cough, fever, high temperature, difficulty breathing, loss or change in your sense of smell or taste now or in the past 14 days?		
2.	Has your son, or anyone in your household, been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3	Is your son, or anyone in your household, awaiting the results of a COVID-19 test?		
4	In the past 14 days, has your son, or anyone in your household, been in contact with a person who is a confirmed or suspected case of COVID-19?		
5	Has your son, or anyone in your household, been advised by a doctor to self-isolate at this time?		
6	Has your son, or anyone in your household, been advised to restrict their movements at this time?		
7	Have you been advised that your son is in a very high risk group? And/or has your son been given a recommendation to self-isolate/cocoon due to an underlying medical condition?		

I confirm, to the best of my knowledge that my son has no symptoms of COVID-19, is not self-isolating or awaiting results of a COVID-19 test and has not been advised to restrict his movements.

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 this data will be held securely in line with our retention policy.

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