

Dear Parent/Guardian,

In light of the new health and safety measures we are taking, we would ask that you please respond to all of the following questions and sign the declaration, before entering the school with your child:

1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?

Yes/No

2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?

Yes/No

3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?

Yes/No

4. Have you been advised by a doctor to self-isolate at this time?

Yes/No

5. Have you been advised by a doctor to cocoon at this time?

Yes/No

6. Have you come back from a foreign country in the past two weeks? Yes _____ No _____

7. If yes, what date did you arrive back in this country? _____

Signed: _____

Date: _____