



**St. Kilian's Community School**

**COVID 19 Self Declaration Form - Return to School**

**Student Name :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Class:** \_\_\_\_\_

***This form must be completed by students who are over 18 years of age, or by their parents/guardians in advance of returning to the school building.***

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

***Please circle the appropriate answer to each of the questions and give more information where appropriate.***

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**Do you 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?**

Yes

No.

Comment : \_\_\_\_\_

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

Yes

No

Comment : \_\_\_\_\_

**Are you awaiting the results of a COVID-19 test?**

Yes

No

Comment : \_\_\_\_\_

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**In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of COVID-19?**

Yes

No

Comment : \_\_\_\_\_

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

Yes

No

Comment : \_\_\_\_\_

**Have you been advised to restrict your movements at this time?**

Yes

No

Comment : \_\_\_\_\_

**Have you been advised to cocoon at this time? Note: if you're at very high risk (extremely vulnerable) from COVID-19 you may be advised to cocoon.**

Yes

No

Comment : \_\_\_\_\_

***I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict my 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.**

**Signature (Student):** \_\_\_\_\_

**Signature (Parent/Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_