



Covid-19 Return to Childcare Questionnaire

Child's Name		
Childcare pod		
Address		
Mobile No		
Parent / Guardian	Name: _____	Ph. _____
(Please circle your answers below)		
Date:		
1.	Has your child visited any countries outside Ireland excluding Northern Ireland in the past 14 days ?	Yes / No
2.	Is your child suffering from any of the below flu or, Covid-19 symptoms?	
	Most common symptoms:	
	• Fever	Yes / No
	• Dry cough	Yes / No
	• Tiredness	Yes / No
	Less common symptoms:	
	• Aches and pains	Yes / No
	• Sore throat	Yes / No
	• Diarrhoea	Yes / No
	• Conjunctivitis	Yes / No
• Loss of taste or smell	Yes / No	
• Rash or discolouration of fingers or toes	Yes / No	
Serious symptoms:		
• Difficulty breathing or shortness of breath	Yes / No	
• Chest pain or pressure	Yes / No	
• Loss of speech or movement	Yes / No	

3.	Did you consult a Doctor or other medical practitioner in the last 14 days for these, or similar symptoms?	Yes / No
4.	How is your child feeling now? Healthy and well?	Well / Unwell
5.	Have you or your child been in contact with someone who has tested positive for Covid-19 in the past 14 days ?	Yes / No
6.	Are you, or your child in contact with someone from a Covid-19 at-risk category?	Yes / No
<p>NOTE: When on site, children will be asked to adhere to the on-site standard processes / procedures regarding infection control, i.e. hand washing / hand sanitising and general coughing/sneezing etiquette</p>		
Parent / Guardian Signature:		