**Bridges, New Mulberry Bush, Heaton, Grange Road & Lonsdale Nurseries and Out of School Clubs**

**COVID-19 – Health screening form - CONFIDENTIAL-** **COVID-19**

**Children – Commencing or returning to Nursery and Out of School Form**

As part of the UK and global effort to prevent the spread of COVID-19 and to reduce the risk of exposure to our staff and children, before a child commences and/or post a period of absence from Nursery/OSC (including lockdown period/isolation) and/or after international travel, we ask that you complete this COVID-19 Form prior to attending the setting.

**Parent/child Name: ………………………………………………………………………………………….................. Nursery: ……………………………………………………………………………………………………………………………**

**Section 1:**

If you have any of the following COVID-19 related symptoms listed below (however mild) please tick the relevant box(es), if none tick no symptoms.

If you have any of the below symptoms related to an existing condition you have sought medical advice on, and that advice has stated you can attend nursery do not tick the box(es), this list is potential COVID-19 related symptoms only.

COVID-19 –Symptoms (please tick)

**□** Fever / High temperature

**□** New or continuous cough (3 or more episodes in a 24-hour period)

**□** A loss of, or change in, your normal sense of taste or smell (anosmia)

Other potential Covid -19 symptoms (please tick)

□ Difficulty in breathing or a change in your normal breathing pattern

□ Recent tiredness or fatigue that you don’t normally experience

**□** Flu Symptoms

**□** Heavy cold

**□** Sore throat

None of the above (please tick)

□ No Symptoms

\* If you have ticked any COVID-19 related symptoms box (es), please indicate the date the symptoms started: Start Date: …………………………………………for……………………………….days.

\* Have you had a COVID-19 Test as a result of symptoms? Yes / No:

\* If Yes; Date of Test: ………………………………………………………

\* COVID-19 Test Result: Positive / Negative / Waiting for result.

\* Have you a copy of the test result? Yes / No: (If yes please supply a copy to nursery).

\* If you have been issued with an Isolation note from the NHS with a defined start and end date, what was the end date? Date: ……………………………………………………………………….

\* a copy been given to manager: Yes / No

**Section 2:**

Have you been in contact with a person confirmed or suspected of having COVID-19 in the past 14 days? (including caring for someone or anyone in your household): Yes / No

(If yes, you must self-isolate for an initial 10-day period if you live alone, & 14 days if you live with someone with symptoms).

Have you or a person residing in your household travelled outside the UK in the last 14 days?: Yes / No (If Yes, details):

If parents/children come into contact with Covid-19 or show any signs or symptoms of Covid-19 we will be informing Public Health, Track and Trace, Schools and other necessary people.

**Parent Signature: …………………………………………………………………………Date:………………………….**

**CONFIDENTIAL**

**Line managers:**

If parent has declared they or their child are not displaying any COVID-19 symptoms, have not been in contact or cared for someone with confirmed or suspected COVID-19, and they or any household member has not travelled internationally within a 14 day period, not tested positive for a COVID-19 test or awaiting a test result, authorisation can be given for the child to attend nursery.

Manager please sign, date and authorise form. If return to nursery is not authorised, this form must be completed again after the agreed further isolation period is complete.

Authorisation to return to nursery? Yes / No

Any further notes:

Line Manager Name: …………………….………. Sign: …………………………………………………………

Date: ….………………………………………………………..

Please ensure we have up to date contact numbers for all children attending the nursery or out of school club.