

COVID – 19 Response Paper Trail

This questionnaire is for use when phoning a parent/guardian regarding a child presenting with symptoms who is presently in school.

Name of Student Presenting with Symptoms: Class:	Current Symptoms:	Additional Information:
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Question:

Parent Response:

Other than the symptom(s) that your child is presenting with, does he/she have any other symptoms of COVID-19 (including cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms) that you are aware of?	
Do you or any member of your household have any symptoms of a cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or over the past 14 days?	
Has your child, yourself or any member of your household had a suspected or confirmed case of COVID-19 infection in the past 14 days?	
Has your child, yourself or any member of your household been asked or advised by a doctor to self-isolate at this time?	
Has your child, yourself or any member of your household returned from abroad over the past 14 days?	

Action Now Taken:

Follow Up Return to School:

Signed: _____

Leader Worker Representative/Principal/Deputy Principal

Signed: _____

Deputy Lead Worker Representative/Principal/Deputy Principal