

| <b>Is your child suffering from any of the below flu or Covid-19 symptoms</b>                                      | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Serious symptoms   |            |           |
| Difficulty breathing or shortness of breath  | Yes        | No        |
| Chest pain or pressure   | Yes        | No        |
| Loss of speech or movement   | Yes        | No        |
| How is your child feeling now? Healthy and well?   | Yes        | No        |
| Have you or your child been in contact with someone who has been tested positive for Covid-19 in the past 14 days? | Yes        | No        |
|  |            |           |

I have no reason to believe that my child has an infectious disease.

My child has not travelled outside the country in the last fortnight and I have followed all medical and public health guidance with respect to exclusion of my child from childcare services.

Signed \_\_\_\_\_

Parent: \_\_\_\_\_

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