



CORK CITY MUSIC COLLEGE

Pre-Return to Cork City Music College COVID-19 Questionnaire for students

This questionnaire must be completed by parents/guardians (or students over 18) at least **3 days** in advance of returning to CCMC. If the answer is YES to any questions below, you are advised to seek medical advice before returning to CCMC.

Child/Student Name:			
Address:			
Class/Lesson:	Day & Time:	Centre:	
Mobile No:			
Parents/Guardians:	Name 1:	Ph 1:	
	Name 2:	Ph 2:	
Date:			

	Questions	YES	NO
1.	Does your child (*Do you) have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu-like symptoms now or in the past 14 days?		
2.	Has your child (*Have you) been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Has your child (*Have you) been advised by the HSE that you are a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4.	Has your child (*Have you) been advised by a doctor to self-isolate at this time?		
5.	Has your child (*Have you) been advised by a doctor to cocoon at this time?		
6.	Has your child (*Have you) been advised by your doctor that they are in the very high risk group? If yes, please liaise with your doctor and CCMC Principal re return to CCMC.		
7.	Has your child (*Have you) visited any countries outside Ireland excluding Northern Ireland in the past 14 days ?		
8.	I have read and agree with the CCMC COVID-19 Response Plan available on www.ccmc.ie under the policies tab		

*If you are an adult student (student age 18 years or over) please complete the form by answering YES or NO to the questions using the wording in the brackets.

I confirm, to the best of my knowledge that my child has (*I have) no symptoms of COVID-19, is not self-isolating or awaiting results of a COVID-19 test. Please note: CCMC is collecting this sensitive personal data for the purposes of maintaining safety within the college 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 will be held securely in line with our retention policy.

Signed: _____