



**Scoil Mhuire Maigh Cuilinn 19529C**  
**COVID-19 PRE-RETURN TO WORK/SCHOOL FORM**  
**June 2021**

This questionnaire must be completed and returned to the Principal **within 3 days of** returning to work. If you answer **yes** to any of the following questions, you are advised to seek medical advice before returning to work.

QUESTION	YES	NO
Do you have symptoms of cough, fever, high temperature, difficulty breathing or loss in your sense of smell now or in the past 14 days like symptoms now or in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Are you awaiting the results of a COVID-19 Test?		
In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of COVID-19.		
Have you been advised by a doctor to self-isolate at this time?		
Have you been advised by a doctor, the HSE or Public Health Contact Tracing to restrict your movements at this time?		
Have you been advised by a doctor to cocoon at this time? Note: If you're at VERY HIGH RISK (extremely vulnerable) from COVID-19, you may be asked to cocoon.		
Do any of the provisions regarding Teachers at Higher Risk of COVID-19, or Pregnant Teachers at Higher Risk of COVID-19, as outlined in Information Note TC 0005/2021, apply to you?		
As an employee of the Board of Management of Scoil Mhuire, with a duty of care to our pupils and with a shared responsibility and due regard for their health and safety health and that of your colleagues, you are expected to: <ul style="list-style-type: none"><li>• Be in compliance with all current, relevant MEDICAL DIRECTIONS and PUBLIC HEALTH GUIDANCE.</li><li>• Be in compliance with all current GOVERNMENT COVID-19 RESTRICTIONS.</li></ul>		

Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace 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 this data will be held securely in line with our retention policy.

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict my movements.

PRINT NAME:			
SIGNED:		DATE:	

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE PRINCIPAL VIA EMAIL [MOYCULLENCENTRALSCHOOL@GMAIL.COM](mailto:MOYCULLENCENTRALSCHOOL@GMAIL.COM) BY ALL STAFF WITHIN 3 DAYS OF RETURNING TO WORK.