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Covid-19 Pre-return to setting declaration form for Parents

Please use your own pen when completing this questionnaire. Parents must complete this questionnaire at least 3 days prior to returning to work.

<u>Questionnaire</u>	<u>Yes</u> (if yes, provide details)	<u>No</u>
Do you currently have, or have you ever been diagnosed as having, Covid-19?		
Have you travelled abroad in the last 14 days?		
Have you displayed any symptoms of Covid-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and. or loss of taste or smell?		
Do you live in the same household as someone, or have been in close contact with someone, who has displayed symptoms of Covid-19 in the last 14 days or who has a confirmed case of Covid-19?		
If you answered Yes to any of the foregoing questions, have you consulted a Doctor or other medical practitioner?		

Have you been advised by a doctor to self-isolate at this time?		
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