

The purpose of this medical questionnaire is to ensure that your child is medically fit to be enrolled at Bluebrook Academy. Please answer the following questions with a **YES** or **NO**. A positive response means that there may be a pre-existing condition that could affect the safety of other children and or the staff here at Bluebrook Academy therefore, if any box is checked yes, a covid test is needed to accompany this form.

Today's Date: \_\_\_\_\_

Personal Details				
1	Child's Name:	Child's Date of Birth:	YES	NO
	Child's Body Temperature Taken:			
	Body temperature taken at check-in was over 38 degrees Celsius			

Risk Group				
2	Has your child in the past 14 days:		YES	NO
	had close contact with a person known to have had corona virus disease (COVID-19)			
	have you been admitted to or visited a hospital in the past 14 days			

### Has your child within the last 15 days:

- Tested positive or presumptively positive with Covid-19 (the new Corona virus or– sars-cov2) or been identified as a potential carrier of the coronavirus?  Yes  No
- Experienced any symptoms commonly associated with Covid-19 (fever; cough; fatigue, muscle pain; difficulty breathing; sore throat; lung infections; headache; loss of taste; or diarrhea)?  
 Yes  No
- Been in any location/site declared hazardous with and/or potentially infective with coronavirus by a recognised health or regulatory authority? Yes  No
- Been in direct contact with or in the immediate vicinity of any person who tested positive with coronavirus or who was diagnosed as possibly being infected by coronavirus?  
 Yes  No

### Medical recommendations:

- Students who have had symptomatic Covid-19, should wait a minimum of two weeks, preferable three, before attending face-to-face classes.
- Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility

- Those children with mild symptoms who are otherwise healthy should manage their symptoms at home. On average it takes 5–6 days from the moment of infection for symptoms to show, however it can take up to 14 days for symptoms to present.

This document will be retained confidentially by the school for one month after submission and will be used as a quick tracing document should any symptoms present on campus. The health and wellbeing of our community is our first priority therefore Bluebrook Academy reserves the right to deny entry to any child within reason.

Whether this document is signed or is denied signature by the parent/s or guardian of the child in question, your receipt of this document, and sequential enrollment of your child confirms your agreement to Bluebrook Academy’s Covid19 Policies as provided within our Parent/Student Handbook and Terms of Service (found online). You further agree to observe Covid-19 Health and Safety Protocols mandated by both the Government’s Educational and Health Arms of The Bahamas.

Should your child contract Covid-19 during his or her enrollment at Bluebrook Academy, you will hold Bluebrook Academy harmless against all legal actions, claims, demands, costs, damages, penalties, death or expenses which result therefrom or brought against Bluebrook Academy as a result thereof.

You further agree to keep your child at home should your child or a close member of the family come in close contact with a person suspected or confirmed to have Covid-19 in all cases informing the school of the same.

Students of Bluebrook Academy traveling outer country are required to remain in quarantine for 14 days after their return to The Bahamas.

Post the absence of any child for more than 24 hours, a covid19 form and medical form is required before the child returns to campus unless the child has granted an exemption letter by our nurse with reason.

Unwillingness to comply with the above may result in a denial of entry to Bluebrook Academy.

**I confirm that I am the student’s legal guardian or substitute decision-maker, and I confirm that the statement/s in this form is true.**

**Guardian/substitute decision-maker’s name:**

**Guardian/substitute decision-maker’s signature:**

**Date:**