



Travel and Health Questionnaire

Dublin

This form must be completed by students and sent to dublin@francesking.com on the **Friday before course start date**. If we do not receive your form before your first day at school, you will not be allowed in the school building.

Student Details

Student Name: _____ Date of Birth: _____

Personal contact number (including country code): _____ E-mail: _____

Arrival date in Ireland: _____ Course start date: _____

Questions

Where have you been in the 14 days before starting your course at Frances King? Please list the countries/cities, including any transit countries/cities:

Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or have you had in the past 14 days?

Yes No

Have you been diagnosed with a confirmed or suspected COVID-19 infection in the last 14 days?

Yes No

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

Yes No

Have you been in close contact with anyone with a suspected or confirmed case of COVID-19?

Yes No

Do you live in the same house as someone who is showing symptoms of COVID-19 or who has been isolating within the last 14 days?

Yes No

Are there any other circumstances relating to COVID-19 not on this form that you may need to consider to ensure your safety? These include concerns for an underlying health condition, pregnancy or other concern.

Yes No

If yes, please give details:

You must inform us if these plans change on dublin@francesking.com. You will not be allowed in the school building if you have symptoms or have been in contact with someone that tested positive until you complete a period of self-isolation.

Declaration

I confirm that the above details are correct and complete.

Student Signature: _____ Date: _____