



Founded 1928

# ST. GREGORY'S COLLEGE, IKOYI, LAGOS.

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## CORONAVIRUS RISK ASSESSMENT FORM

Please read carefully and respond truthfully. Your response is aimed at ensuring the safety of all students and staff in line with the resumption of schools. Every response will be reviewed and the most appropriate consideration for the health and well-being of all will be considered.

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parents' Mobile No.: \_\_\_\_\_

Parents' Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

### A) Travel/Exposure History

#### Assessment Questions

(1a) Did you travel out of Lagos State in the past 14 days?

- Yes
- No

(1b) If Yes, please mention the place(s) visited: \_\_\_\_\_

(2) Have you had contact with anyone that travelled out of Lagos in the past 14 days?

- Yes
- No

(3a) In the past 14 days, have you had Fever with temperature ( $\geq 37.8$ )?

- Yes
- No

**(3bi)** In the past 14 days, have you had cough with sputum?

- Yes
- No

**(3bii)** In the past 14 days, have you had incessant dry cough?

- Yes
- No

**(3c)** In the past 14 days, have you been sneezing consistently?

- Yes
- No

**(3d)** In the past 14 days, have you had cold and catarrh?

- Yes
- No

**(3e)** In the past 14 days, have you had sore throat?

- Yes
- No

**(3f)** In the past 14 days, have you had generalized feeling of being unwell and fatigue?

- Yes
- No

**(3g)** In the past 14 days, have you had difficulty in breathing?

- Yes
- No

**(3h)** In the past 14 days, have you had any feeling of inability to smell or taste?

- Yes
- No

**(4)** Have you taken a Covid-19 test in the past 14 days?

- Yes
- No

**(5a)** Do you have a travel history to another country in the past 14 days?

- Yes
- No

**(5b)** If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

(6) Did you have direct contact or taken care of any positive or suspected Covid-19 patient?

- Yes
- No

(7) Have you been in any large public gathering where social distancing was impossible to observe in the past 14 days?

- Yes
- No

(8) Are you committed to wearing protective equipment always as required in the school?

- Yes
- No

**DECLARATION BY PARENTS**

I declare that the contents of this form are true and have been given in good faith, in line with the school's procedures for resumption in the light of the Covid-19 pandemic. I promise to abide by all the protocols put in place to guarantee the health and well-being of all members of the school community. So help me God!

Student's Name and Signature: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name and Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**N.B:**

**DEAR PARENTS/GUARDIANS, IF YOUR SONS/WARDS HAVE UNDERGONE COVID-19 TEST, WE REQUEST THAT YOU COME ALONG WITH THEIR TEST RESULTS WHEN RESUMING TO SCHOOL ON 24TH JANUARY, 2021 (FOR BOARDERS) OR MONDAY 25TH JANUARY, 2021 (FOR DAY STUDENTS).**

**THANK YOU**