Cyngor Sir Gâr
Carmarthenshire
County Council

PUPIL HEALTH RISK ASSESSMENT	DATE:	
	YES	NO
1. Does the child currently have a high temperature/ dry persistent cough or Anosmia (partial/total loss of smell or taste)? *(If yes please provide further details below)*	☐	☐
2. Does anyone in the child's household have a high temperature/ dry persistent cough or Anosmia (partial/total loss of smell or taste)? *(If yes please provide further details below)*	☐	☐
3. Is anyone in the child's household self-isolating? *(If yes please provide further details below)*	☐	☐
4. Does the child currently have any cold or flu like symptoms? *(If yes please provide further details below)*	☐	☐
5. Does the child have any other health conditions that staff need to be aware of? *(If yes please provide further details below)*	☐	☐
FURTHER INFORMATION:		
PARENT/GUARDIAN SIGNATURE:		