

# QUEEN ELIZABETH II PRIMARY (Pomeroy) SCHOOL



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## Test Confirmation

Name of child/children who has/have been tested \_\_\_\_\_

I confirm I have followed Public Health Agency guidelines

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(Please tick)

My child/children has/have received a negative test on \_\_\_\_\_ and is/are well enough to return to school on \_\_\_\_\_.

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

\_\_\_\_\_ OR \_\_\_\_\_

## Isolation Confirmation

Name of child/children \_\_\_\_\_

Dates of isolation \_\_\_\_\_ to \_\_\_\_\_

I confirm my child/children, due to a positive test within our household, has/have isolated for 10 days and has/have not developed symptoms of Covid 19 and is/are well enough to return to school on \_\_\_\_\_.

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

