

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 (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: _____

