**METHODIST COLLEGE: COVID-19 POSITIVE TEST ALERT**

If your child tests positive for Covid-19 please inform the College by completing and sending this form to [covid@methody.org](mailto:covid@methodistcollege.org.uk). When saving this form, please use your child’s name and tutor group for the SAVE AS.

The College will use the information provided on this form, in conjunction with information gathered in school, to:

1. provide the Public Health Agency with contact details of pupils who have been in **close contact** with an individual who has tested positive for Covid-19;
2. instruct **close contacts** not to come into school until their period of self-isolation is completed or they are advised otherwise by the PHA;
3. inform teaching staff to arrange for work to be provided for those who are self-isolating;
4. inform the College community of a case of Covid-19 (the names of individuals will not be disclosed);
5. inform the Education Authority of a case of Covid-19(the names of individuals will not be disclosed);
6. take action to help promote a safe and healthy environment in school.

**NAME OF PUPIL WHO HAS TESTED POSITIVE: TUTOR GROUP:**

**LAST DAY OF ATTENDANCE AT SCHOOL (Day and Date):**

**DATE SYMPTOMS STARTED: DATE OF TEST:**

**NAME OF PARENT/GUARDIAN COMPLETING THIS FORM: Tel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of pupil who has been in close contact with your child **other than** those in their tutor group or classes. | Year/Tutor group | a person who has been **within** 2 metres for **more than** 15 minutes | a person who has had face-to-face contact (within one metre) **\*** | a person who has travelled in a car |
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(Add rows as necessary)

**\***This includes:

* having a face-to-face conversation within one metre, or
* being coughed on, or
* having skin-to-skin physical contact, or
* contact within one metre for one minute or longer without face-to-face contact.

**EXAMPLE**

**NAME OF PUPIL WHO HAS TESTED POSITIVE: H Matier TUTOR GROUP: L6S**

**LAST DAY OF ATTENDANCE AT SCHOOL (Day and Date): Monday 7th September**

**NAME OF PARENT/GUARDIAN COMPLETING THIS FORM: Mrs M Matier Tel: 02890205205**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of pupil who has been in close contact with your child other than those in their tutor group or classes. | Year/Tutor group | a person who has been **within** 2 metres for **more than** 15 minutes | a person who has had face-to-face contact (within one metre) **\*** | a person who has travelled in a car |
| Edward Jenner | L6W | X |  |  |
| Alexander Fleming | U6N | X |  | X |
| Elsie Inglis | L6B | X |  |  |
| Elizabeth Blackwell | L6S |  | X |  |