

Absence Form

Class	Full name	Sisters in school	Bus Number	Last school day

Student Symptoms

Date of first symptom:

Symptoms: (please mark on all the symptoms your daughter is showing):

<input type="checkbox"/> Fever	<input type="checkbox"/> Headache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Cough
<input type="checkbox"/> Skin rash	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue - body aches	<input type="checkbox"/> Abdominal Pain
<input type="checkbox"/> Loss of smell or taste	<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Lice Infection	<input type="checkbox"/> Trauma	<input type="checkbox"/> Menstrual pain
<input type="checkbox"/> Contact to a positive Covid case				

Others: (please mention)	
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Has your girl seen a doctor?

yes

no

Has her doctor advised you to do blood tests, PCR or Rapid test?

yes

no

Is any other family member showing or has showed flu symptoms in the last 14 days? yes no

N.B. if you have any prescription, medical report or investigations results please send it to the Clinic's team.

Parents/Home contacts:	
Is any other family member showing or has showed flu symptoms in the last 14 days?	<input type="checkbox"/> yes <input type="checkbox"/> no
Did any other family member test positive for COVID-19 or diagnosed with Laboratory tests or CT chest (if adult) as a suspected COVID-19 case?	<input type="checkbox"/> yes <input type="checkbox"/> no
Did the girl recently contact any sick person, or someone diagnosed as a case of COVID-19 in the last 14 days?	<input type="checkbox"/> yes <input type="checkbox"/> no
Please mention the vaccination status for adults contacting the girl at Home	
Vaccinated	<input type="checkbox"/> fully <input type="checkbox"/> First dose <input type="checkbox"/> Not vaccinated

Comments: please write down any comments or inquiries if you have any:
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Please send this form back to the Clinic's WhatsApp number (01227898938) a day before or within the same day of your daughter's absence before 12.00 p.m.

The clinic's team will receive all your inquiries by phone (01227898938) from 7.30 a.m. till 12.00 p.m. and per WhatsApp till 6.00 p.m., the clinic's decision will be sent to you shortly on WhatsApp.

Please note that the girls who are showing any flu symptoms even if mild are not allowed coming to school before consulting the school clinic.

Thanks for your cooperation,

DSB Clinic's team