**COVID-19 Track and Trace Record**

Please ask the following questions if a student / parent informs us that they have tested positive

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| --- | --- |
| Name of the person who is completing this form |  |
| Date & Time |  |
| Student’s Full Name |  |
| Date of Birth |  |
| Postcode |  |
| The reason for getting a test |  |
| Date that test was taken |  |
| Date that result notification was received |  |
| What relationship are they to the student? |  |
| Date symptoms started (if any) |  |
| Siblings (If in attendance at Manshead) |  |
| Last Date of attendance at Manshead |  |
| Are there any family members at Manshead |  |
| Names of students they spent break / lunch with |  |
| How does student travel to and from school |  |
| Do they have access to an online device |  |
| Are they able to log on to Show My Homework |  |
| Any other details? |  |

Please email this form to [trackandtrace@mansheadschool.co.uk](mailto:trackandtrace@mansheadschool.co.uk)