

Askham Bryan College - Returning to College Questionnaire

Student Name:		Date:	
Student ID:			

		Yes	No	Comments
1.	<p>Do you have any underlying health conditions or other characteristics that put you at greater risk of serious illness if you contract COVID-19?</p> <p><i>A list of conditions and characteristics that may put you in the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) categories is available here. If you answer 'Yes', please specify whether you fall into the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) group by ticking the appropriate box.</i></p>			<p>Moderate risk (clinically vulnerable) <input type="checkbox"/></p> <p>High risk (clinically extremely vulnerable) <input type="checkbox"/></p>
2.	Has anyone in your household been 'shielding' due to being in the high risk (clinically extremely vulnerable) category?			
3.	Have you been advised against attending the College by a medical professional?			
4.	<p>Do you believe that coming to College would cause you high levels of fear or anxiety?</p> <p><i>Please provide details of any specific concerns that you may have (e.g. certain areas of the campus).</i></p>			
5.	Do you have any dependents that you need to care for that would prevent you from returning to College?			
6.	Are you using public transport to come to college?			If you do need to use public transport, please follow the latest government guidance on face coverings
7.	<p>Are you allergic to any type of cleaning or disinfectant product?</p> <p><i>If yes, please provide details.</i></p>			
8.	<p>Are you allergic to any soap or hand sanitizer products?</p> <p><i>If yes, please provide details.</i></p>			
9.	Please confirm that you understand and agree to comply with the Covid-19 annex to the College Code of Conduct (attached)			
10.	<i>Please provide any additional relevant comments or concerns:</i>			

Notes:

This questionnaire will be used to determine whether there are any compelling reasons why you should or should not return to college. We will also use it to put appropriate adjustments in place if needed.

In some cases, there may be good reasons for and against returning to college. In such instances, we will make an assessment based on a balance of risks and seek to find appropriate solutions. We will continue to work in accordance with Government guidance.

The information you provide in this questionnaire will be handled with the strictest confidentiality and will only be reviewed by your Course Manager. Please contact your Course Manager if you have any questions or concerns relating to this questionnaire.

Please leave the following section blank.

Reviewed by:		Date:	
---------------------	--	--------------	--

Comments/ Action Required:			