

Dear Parent/ Guardian,

As you are aware, Swine flu still continues to create havoc in different parts of our country. Though there is no reason to panic, we wish to remain in a state of preparedness to prevent the dreaded disease. Hence keeping this in mind, I would like to request you to fill up the Questionnaire on Swine flu once again in the same way as it was done after summer vacation. The questionnaire is provided as an attachment along with this e-mail.

At the same time I wish to let you know that we have had quite a few number of chicken pox cases in the School this year. Since this is an infection which spreads very fast in areas of community living, I request you to examine your child for any kind of skin rashes before bringing him/her back to School.

For any further clarification, please feel free to contact the undersigned at the following cell nos. or through e-mail:
9954059693; 9435181765

I trust you will appreciate our concern

Thanking you,

Yours sincerely,

Dr Dimple Baruah
Resident Medical Officer
The Assam Valley School

THE ASSAM VALLEY SCHOOL

QUESTIONNAIRE ON SWINE FLU

Name of the Pupil:

Class:

Roll No:

House:

Home Town:

Dear Parent,

As you know, the whole world, including our own country India, is still in the grip of the influenza virus H1N1 (SWINE FLU). Swine flu infection is curable, but delayed treatment endangers the patient and others who come in contact with the patient.

As a precautionary measure to protect the School community, we require you to furnish the following information:

- 1) *Did any of your family members suffer from Swine flu? If so, please specify:* Yes/No
- 2) *Did your child visit a swine flu-affected area during the last week?* Yes/No
- 3) *Did your child meet a person suffering from the swine flu infection?* Yes/No
- 4) *Did your child suffer from any of the following during the past week:*
 - a) sudden fever (a high body temperature of 38°C/100.4°F or above) Yes/No
 - b) sudden cough. Yes/No
 - c) headache Yes/No
 - d) tiredness/breathing problem Yes/No
 - e) chills Yes/No
 - f) aching muscles Yes/No
 - g) limb or joint pain Yes/No
 - h) diarrhoea or stomach upset Yes/No
 - i) sore throat Yes/No
 - j) runny nose Yes/No
 - k) sneezing Yes/No
 - l) loss of appetite. Yes/No

Signature of the parent

Name of parent

Date:.....

This form must be handed over to your child's housemaster/housemistress when school reopens. However, should there be even one "yes" to the above questionnaire, the child must be taken directly to the School Infirmary to meet with the Resident Medical Officer.