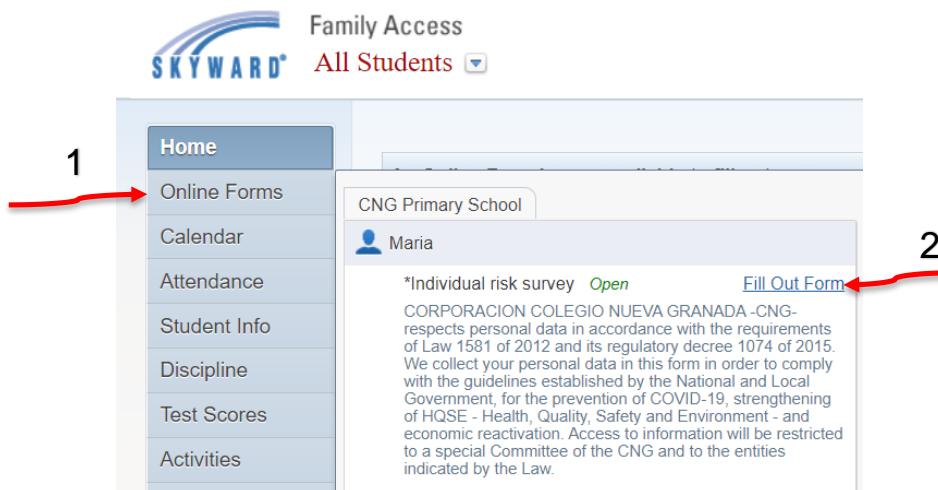


Please log into Skyward to begin the process. Below is a step-by-step guide.

1. Go to [www.cng.edu](http://www.cng.edu) > SKYWARD > and login with your skyward account.



2. Once your login, click in Online Forms > Fill Out Form for each child.



Family Access  
All Students ▼

1

Home

Online Forms

Calendar

Attendance

Student Info

Discipline

Test Scores

Activities

2

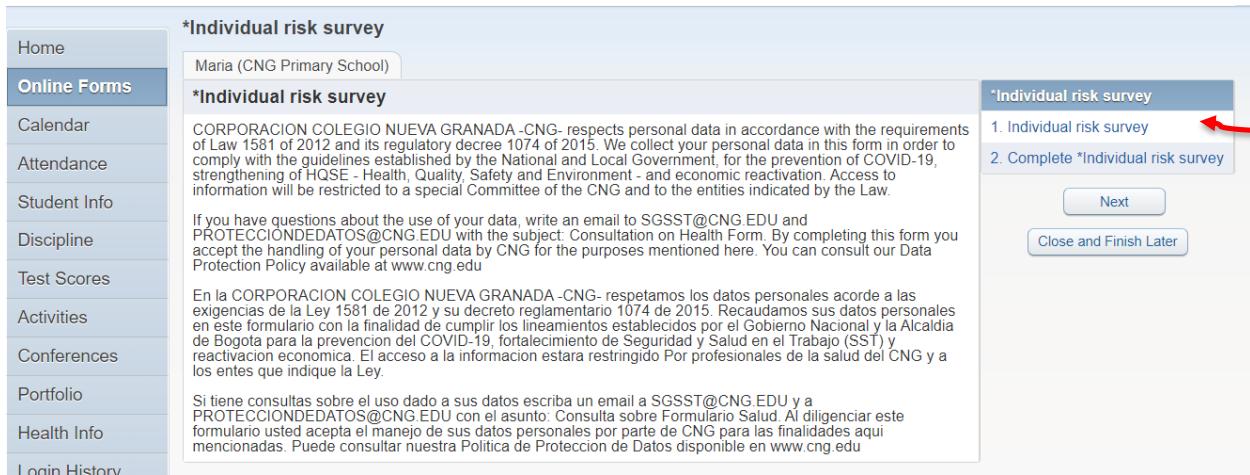
CNG Primary School

Maria

\*Individual risk survey [Open](#) [Fill Out Form](#)

CORPORACION COLEGIO NUEVA GRANADA-CNG-respects personal data in accordance with the requirements of Law 1581 of 2012 and its regulatory decree 1074 of 2015. We collect your personal data in this form in order to comply with the guidelines established by the National and Local Government, for the prevention of COVID-19, strengthening of HQSE - Health, Quality, Safety and Environment - and economic reactivation. Access to information will be restricted to a special Committee of the CNG and to the entities indicated by the Law.

### 3. Click on Individual risk survey



**\*Individual risk survey**

Maria (CNG Primary School)

**\*Individual risk survey**

CORPORACION COLEGIO NUEVA GRANADA -CNG- respects personal data in accordance with the requirements of Law 1581 of 2012 and its regulatory decree 1074 of 2015. We collect your personal data in this form in order to comply with the guidelines established by the National and Local Government, for the prevention of COVID-19, strengthening of HQSE - Health, Quality, Safety and Environment - and economic reactivation. Access to information will be restricted to a special Committee of the CNG and to the entities indicated by the Law.

If you have questions about the use of your data, write an email to SGSST@CNG.EDU and PROTECCIONDEDATOS@CNG.EDU with the subject: Consultation on Health Form. By completing this form you accept the handling of your personal data by CNG for the purposes mentioned here. You can consult our Data Protection Policy available at [www.cng.edu](http://www.cng.edu)

En la CORPORACION COLEGIO NUEVA GRANADA -CNG- respetamos los datos personales acorde a las exigencias de la Ley 1581 de 2012 y su decreto reglamentario 1074 de 2015. Recaudamos sus datos personales en este formulario con la finalidad de cumplir los lineamientos establecidos por el Gobierno Nacional y la Alcaldía de Bogotá para la prevención del COVID-19, fortalecimiento de Seguridad y Salud en el Trabajo (SST) y reactivación económica. El acceso a la información estará restringido por profesionales de la salud del CNG y a los entes que indique la Ley.

Si tiene consultas sobre el uso dado a sus datos escriba un email a SGSST@CNG.EDU y a PROTECCIONDEDATOS@CNG.EDU con el asunto: Consulta sobre Formulario Salud. Al diligenciar este formulario usted acepta el manejo de sus datos personales por parte de CNG para las finalidades aquí mencionadas. Puede consultar nuestra Política de Protección de Datos disponible en [www.cng.edu](http://www.cng.edu)

**\*Individual risk survey**

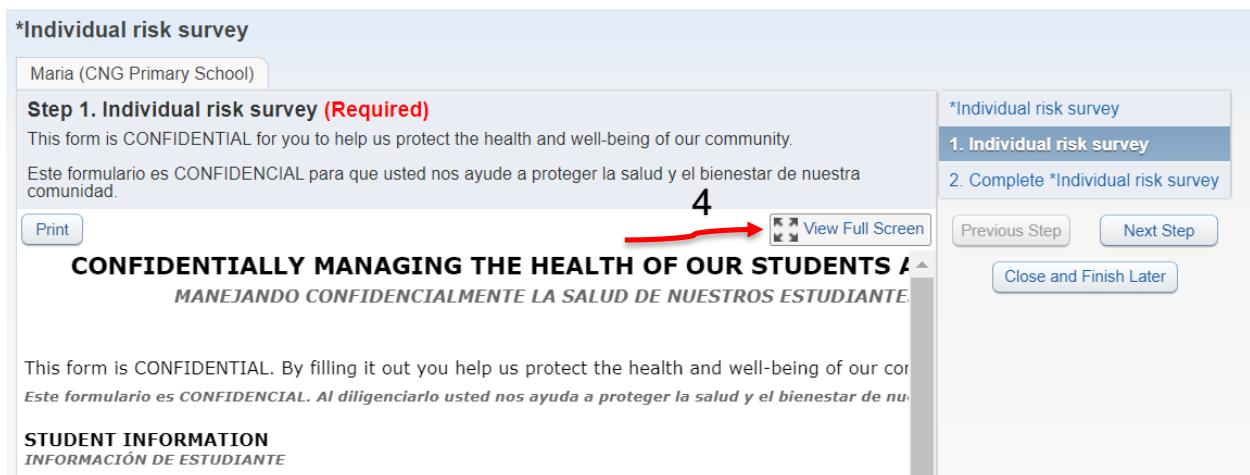
1. Individual risk survey **3**

2. Complete \*Individual risk survey

Next

Close and Finish Later

### 4. Click on View Full Screen



**\*Individual risk survey**

Maria (CNG Primary School)

**Step 1. Individual risk survey (Required)**

This form is CONFIDENTIAL for you to help us protect the health and well-being of our community.

Este formulario es CONFIDENCIAL para que usted nos ayude a proteger la salud y el bienestar de nuestra comunidad.

**Print** **View Full Screen** **4**

**CONFIDENTIALLY MANAGING THE HEALTH OF OUR STUDENTS / MANEJANDO CONFIDENCIALMENTE LA SALUD DE NUESTROS ESTUDIANTES**

This form is CONFIDENTIAL. By filling it out you help us protect the health and well-being of our community.

Este formulario es CONFIDENCIAL. Al diligenciarlo usted nos ayuda a proteger la salud y el bienestar de nuestra comunidad.

**STUDENT INFORMATION**  
**INFORMACIÓN DE ESTUDIANTE**

**\*Individual risk survey**

1. Individual risk survey

2. Complete \*Individual risk survey

Previous Step

Next Step

Close and Finish Later

5. Complete this form > Click in Complete step 1 and move to step 2

skyward.iscorp.com/scripts/wsisa.dll/WService=wsedubogotaco/sfonlinereg001.w

[Print](#) [Complete Step 1 and move to Step 2](#) **6**

**CONFIDENTIALLY MANAGING THE HEALTH OF OUR STUDENTS AND THEIR FAMILIES**  
**MANEJANDO CONFIDENCIALMENTE LA SALUD DE NUESTROS ESTUDIANTES Y SUS FAMILIAS**

This form is CONFIDENTIAL. By filling it out you help us protect the health and well-being of our community.  
*Este formulario es CONFIDENCIAL. Al diligenciarlo usted nos ayuda a proteger la salud y el bienestar de nuestra comunidad.*

**STUDENT INFORMATION**  
**INFORMACIÓN DE ESTUDIANTE**

**5** **Name** *NOMBRE*   
**Type of Identification** *Tipo de Identificación:*  RC  
**Gender** *Género:*  Female  
**Health Insurance** *Entidad Promotora de Salud:*  EPS **6**  
**Where in Bogotá are you located** *En que localidad reside?*   
**Current location** *Localización actual*   
**Grade** *Curso:*  K4  
**ID Number** *Número de Identificación:*   
**Age** *Edad:*  4 Years  
**Other** *EPS/PREPAGADA*   
*Otra EPS/PREPAGADA, cual?*   
**Other Location** *Si usted vive en otro municipio, por favor marque en cuál.*   
*Otro, cual?*   
**Projected date of arrival in Bogota** *Fecha prevista de llegada a Bogota*   
*MM/DD/YYYY*

**ASSESSING STUDENT RISK FACTORS**

*Evaluación de Factores de Riesgo del Estudiante*

COVID-19 can affect anyone, and the disease can cause symptoms ranging from mild to very severe. For some other illness caused by respiratory viruses (such as influenza) as well as for the new SARS-CoV-2 Coronavirus, some people may be more likely to have severe illness than others because they have characteristics or medical conditions that increase their risk. These are commonly called "risk factors". Examples include advancing age or having certain underlying medical conditions.

*COVID-19 puede afectar a cualquier persona, y la enfermedad puede causar síntomas que varían de leves a muy severos. Para algunas otras*

6. Click on Submit Individual Risk Survey

**Individual Risk Survey**

Cristobal (CNG High School) [Print](#)

**Step 2. Complete Individual Risk Survey (Required)**  
By completing Individual Risk Survey, you are confirming that the Steps below have been finished.  
Are you sure you want to complete Individual Risk Survey for

**Review Individual Risk Survey Steps**

Step 1) **Individual Risk Survey** Completed 07/30/2020 11:33am

Guardian Name:  Guardian Address:

**7** **Submit Individual Risk Survey**

**Individual Risk Survey**

**1. Individual Risk Survey**  
✓ Completed 07/30/2020 11:33am

**2. Complete Individual Risk Survey**

[Previous Step](#) [Next Step](#) [Close and Finish Later](#)