

RETURN TO WORK HEALTH DECLARATION

In line with the Governments Return to Work Safely Protocol and in the interest of safety for all staff, their families and customers you are required to complete the following self-declaration prior to your return to work.

In the event that you answer “**YES**” to any of the questions below your Manager will contact you to discuss, prior to your scheduled date of return.

	YES	NO
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or in the past 14 days?		
2. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
3. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days ? Or are you awaiting test results?		
4. Have you been advised by a doctor to self-isolate at this time?		
5. Have you been advised by a doctor to cocoon at this time?		
6. Have you returned to the Island of Ireland from another country within the last 14 days? If “YES” where?		
7. Are there any other circumstances relating to COVID-19, not included in this form, which need to be discussed in order to allow safe return to or commencement of work activities?		
If ‘ YES’ , please outline:		

DECLARATION

The information provided above is true to the best of my knowledge.

I have read and understood the COVID-19 Protocol.

I have received a copy of this document.

NAME (PRINT) _____

SIGNATURE _____

DATE _____ DEPARTMENT _____