



St. Hilda's Services - COVID-19 Return to Work Form

To help prevent the spread of COVID-19 in the workplace, you must complete and sign this form before returning to work. **N.B. Every question must be answered.**

Employee Name:	Line Manager Name:
Work Location:	
Question	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. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	
3. 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 2 metres for more than 15 minutes accumulative in 1 day)?	
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. Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe return to work. Further information on people at higher risk from Coronavirus can be accessed here : https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html	

*if unsure whether or not you are in an at-risk category, please check the information at link in Question 6.

Important Notes :

- All questions must be answered
- If your situation changes after you complete and submit this form, you are obliged to inform management without delay.

Print Name:..... **Signature:** **Date:**

On review of the form, management may make contact with you. Where appropriate, you may be asked to seek medical advice prior to arranging a return to work date.

The gathering of this information is carried out purely in the interests of public health. The information provided will be held and processed strictly in accordance with the terms of GDPR and the St. Hilda's Services Privacy Policy.