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COVID-19 Return to Work Form

To help prevent the spread of COVID-19 in the workplace, every employee must complete and sign this form before returning to work. Upon review of the form, management may contact you and ask you not to return to work immediately; they will discuss a suitable future date for your return. Every question must be answered.

Employee Name:		Manager Name:		
Workplace Address:				
Question			✓Yes	✓No
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, flu like symptoms or loss or change to your sense of smell or taste now or in the past 14 days?			
2.	Have you been diagnosed with a suspected or confirmed COVID-19 infection in the last 14 days?			
3.	Have you been in close contact with a person who has a suspected or confirmed case of COVID-19 in the past 14 days (i.e. less than 6 feet for more than 15 minutes altogether in 1 day)?			
4.	Have you been advised by a doctor to self-isolate at this time?			
5.	Are you awaiting the results of a COVID-19 test?			
Please provide details 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, e.g. if you are in an 'at risk' group*.				

*If you are unsure whether or not you are in an at-risk category, please review information that can be found at the Centers for Disease Control and Prevention website: https://www.cdc.gov/coronavirus

If your situation changes after you complete and submit this form, please tell management.

Signature: _____ **Date:** _____