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|  | | **Pre-Return to Workplace Form** | | | cid:image003.jpg@01D2FB20.B009E750 | | |
| **CF:055:03** | | **RE: COVID-19 Pre- Return to Workplace Form** | | | | | |
| **Issue date:** | | June 2020 | **Revised Date:** | December 2021 | | | |
| **Author(s):** | | National Health and Safety Function | | | | | |
| **Note:** | | The COVID-19 Pre-Return to workplace Form[[1]](#footnote-1) must be completed by employees and submitted to their Line Manager prior to the reopening of the workplace following temporary closures due to local and regional restrictions.  The Form seeks confirmation that the employee has no symptoms of COVID-19, is not awaiting test results, is not self-isolating, is not restricting their movement or has not returned from a red, orange or grey region.  If an employee becomes symptomatic in the workplace following their return they must self-isolate, let their manager know and contact their Occupational Health Service or GP. Do not attend your GP or Occupational Health Service unless asked to do so.  In line with HSE policy all data must be processed and controlled in line with the principles of the GDPR and relevant Irish legislation, for further information please refer to *HSE Data Protection Policy, 2019.*  While the form itself does not need to be resubmitted, Managers may request employees to reconfirm that the details in the pre-return to work form remain the same following an extended period of absence from a workplace (e.g., following annual leave) or where the employee may only access the workplace infrequently. | | | | | |
|  | | | | | | | |
| **No.** | **Question** | | | | | **Yes** | **No** |
| 1 | Have you experienced any of the following symptoms in the past 14 days?   * Fever, Chills, Sweating, Malaise, Aches * Shortness of breath or New/Worsening cough (dry or productive) * Sore throat, Loss of taste or smell * Vomiting/Diarrhoea   *If* ***YES*** *to any of the above, please self-isolate and contact your GP for advice* | | | | |  |  |
| 2 | Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 10 days?  *If* ***YES****, continue to self-isolate, i.e. stay indoors and completely avoid contact with other people, including others in your household* | | | | |  |  |
| 3 | Are you awaiting the results of a COVID-19 test?  *If* ***YES****, continue to self-isolate, i.e. stay indoors and completely avoid contact with other people, including others in your household* | | | | |  |  |
| 4 | As far as you are aware have you been a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?  *If* ***YES****, follow and implement the advice available at* <https://www2.hse.ie/conditions/covid19/contact-tracing/close-contact/> | | | | |  |  |
| 5 | Have you been advised by a doctor/HSE to self-isolate at this time?  *If* ***YES****, continue to follow advice received from your GP or HSE* | | | | |  |  |
| 6 | Have you been advised by a doctor / HSE to restrict your movements at this time?  *If* ***YES****, continue to follow advice received from your GP or HSE* | | | | |  |  |
| 7 | Are you returning from outside the island of Ireland?  *If* ***YES****, follow and implement the advice issued from the Department of the Taoiseach available at* <https://www.gov.ie/en/publication/77952-government-advice-on-international-travel/>#passengers-arriving-into-ireland-from-overseas | | | | |  |  |

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Line Manager to ensure employees receive a hard copy if unable to download form [↑](#footnote-ref-1)