**\*Please note\***

*The HRLocker* ***COVID-19 Return to Work Form*** *is a guideline only. This document is not the finished product and should be amended in accordance with your company and employees needs. HRLocker shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this template.*

**COVID-19 Return to Work Form Sample**

To help prevent the spread of COVID-19 in the workplace, all employees must complete, sign and submit this form at least three days before returning to the workplace. Once the form is completed the company will contact you and discuss a suitable future date for your return.

**Please return this form to XXXX@XXXXX.com**

|  |  |
| --- | --- |
| Employee Name: | Manager Name: |
| Workplace Address: |
| 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?
 |  |
| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?
 |  |
| 1. 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)?
 |  |
| 1. Have you been advised by a doctor to self-isolate at this time?
 |  |
| 1. Have you been advised by a doctor to cocoon at this time?
 |  |
| 1. Please provide details below of any other circumstances relating to COVID-19, which may need to be considered to allow your safe return to the workplace. Further information on which people may be at higher risk from Coronavirus can be accessed [here.](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html)
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|  |

***Please complete all questions.***

**If anything changes after you complete this form, please inform your manager.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_