

Covid-19 Pre-Return to Work Declaration for Employees

This questionnaire should be completed before returning to the workplace.

Employee Details	
Name:	
Work area/Team:	
Mobile No:	
Email:	
Date:	

Questionnaire	Yes	No
Do you currently have COVID-19?		
Have you travelled abroad in the last 14 days?		
Have you displayed any symptoms of Covid-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and. or loss of taste or smell?		
Do you live in the same household as someone, or have been in close contact with someone, who has displayed symptoms of Covid-19 in the last 14 days or who has a confirmed case of Covid-19?		
If you answered Yes to any of the foregoing questions, have you consulted a Doctor or other medical practitioner?		
Have you been advised by a doctor to self-isolate at this time?		
Have you ever been diagnosed as having COVID-19 in the past.		

NOTE1: When at work, please ensure you follow the organisations arrangements in respect of COVID-19.

NOTE2: If your circumstances change in respect to any of the above then a new questionnaire should be completed.

Declaration by employee

I confirm that the above information is accurate to the best of my knowledge.

I have read the COVID-19 Risk Assessment in place at my workplace, I understand and will comply with the expectations within it.

Print name: _____

Signature: _____ **Date:** _____