

COVID 19 RTW HEALTH DECLARATION

PRIVATE AND CONFIDENTIAL

All personnel are required to undergo a Return to Work (RTW) health assessment before re-starting work on site. This assessment requires you to fill in the form below and have the information reviewed by a member of the Occupational Health Team. All information given in this form will be treated with strict medical confidence and it will only be used to advise managers if adjustments are required to support you in your role in accordance with the Equality Act 2010.

Please inform the Occupational Health Advisor if you need any assistance completing this form.

PLEASE COMPLETE ALL SECTIONS

SECTION A: PERSONAL DETAILS				
Full Name				
Date of Birth		Sex M / F	Job Title	
Contact Tel No.			Employer	
Home Address			Employer Tel No.	
			Manager Contact Name	
Post Code			National Insurance number	
Return completed forms to Covid-19@alignjv.com				

SECTION B: COVID 19 RELATED MEDICAL QUESTIONS			
Please tick the appropriate Yes or No box for the following questions and give details as fully as you can in section E.			
	Yes	No	Date of onset
Do you have any respiratory symptoms or fever (e.g. cough, shortness of breath)?			
Do you have a household contact with symptoms or fever (e.g. cough, shortness of breath)?			
Have you received a letter or communication from NHS England informing you that you are at increased risk of severe illness from coronavirus (COVID-19)? https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults			Date of letter
Do you live in a household with a person who has received a letter or communication from NHS England informing them that they are at increased risk of severe illness from coronavirus (COVID-19)?			Date of letter

DECLARATION

1. I confirm that the information I have given on this form and questionnaire is true to the best of my knowledge.
2. I understand that my manager will be informed of my fitness for job role specified but no confidential medical information will be released without my consent.

Signature		Date	
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TO BE COMPLETED BY OCCUPATIONAL HEALTH

COVID 19 Fitness Category	Tick	Examining Nurse
Fit to return		Signature:
Temporarily Unfit to return		Name:
Referred to OHP		Title:
Further review required		Date:
Advice given		
Self-isolate for 7 days		
Self-isolate for 14 days		
Work from home		
Further advice sought from Manager		
Further review date given		Date for review:

Comments:	
Assessment completed by:	
Signature:	Date:
Print name:	