COVID-19 Pre-Return to Work Form



To help prevent the spread of COVID-19 in the workplace, every worker must complete and submit this Pre- Return to Work form before returning to work. On review of the form, management may contact you and ask you not to return to work immediately and will discuss a suitable future date for your return. NB Every question must be answered.

Note: Your employer may also request you to reconfirm that the details in the Pre-Return to Work form remain the same following an extended period of absence (for example, following annual leave or where you may only access the workplace infrequently).

Employee Name:		Manager Name:		
Wo	rkplace Address:			
Qu	estion		✓ Yes	√ No
1.	Do you have symptoms of cough, fever/high temperature (38° C or above), difficuin the past 14 days?	lty breathing, loss or change in your sense of smell or taste now or		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the past 14 days?			
3.	Are you awaiting the results of a COVID-19 test?			
4.	In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of COVID-19? Click			