
		<h1>Pre-Return to Workplace Form</h1>			
CF:055:02		RE: COVID-19 Pre- Return to Workplace Form			
Issue date:	June 2020	Revised Date:	May 2021		
Author(s):	National Health and Safety Function				
Note:	<p>The COVID-19 Pre-Return to workplace Form<sup>1</sup> 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.</p> <p>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.</p> <p>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.</p> <p>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 <i>HSE Data Protection Policy, 2019</i>.</p> <p>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.</p>				

No.	Question	Yes	No
1	Have you experienced any of the following symptoms in the past 14 days? <ul style="list-style-type: none"> <li>Fever, Chills, Sweating, Malaise, Aches</li> <li>Shortness of breath or New/Worsening cough (dry or productive)</li> <li>Sore throat, Loss of taste or smell</li> <li>Vomiting/Diarrhoea</li> </ul> <i>If YES to any of the above, please self-isolate and contact your GP for advice</i>		X
2	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?  <i>If YES, continue to self-isolate, i.e. stay indoors and completely avoid contact with other people, including others in your household</i>		X
3	Are you awaiting the results of a COVID-19 test?  <i>If YES, continue to self-isolate, i.e. stay indoors and completely avoid contact with other people, including others in your household</i>		X

<sup>1</sup> Line Manager to ensure employees receive a hard copy if unable to download form

**National Health and Safety Function, Workplace Health and Wellbeing Unit,  
National HR Division**

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? <i>If YES, follow and implement the advice available at <a href="https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/occupational-health-interim-guidance.pdf">https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/occupational-health-interim-guidance.pdf</a></i>		<b>X</b>
5	Have you been advised by a doctor/HSE to self-isolate at this time? <i>If YES, continue to follow advice received from your GP or HSE</i>		<b>X</b>
6	Have you been advised by a doctor / HSE to restrict your movements at this time? <i>If YES, continue to follow advice received from your GP or HSE</i>		<b>X</b>
7	Are you returning from outside the island of Ireland? <i>If YES, follow and implement the advice issued from the Department of the Taoiseach available at <a href="https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/">https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/</a></i>		<b>X</b>

**Employee Signature:** \_\_\_\_\_ **Date:** **18/08/21**\_\_\_\_\_

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