**CORK EDUCATION AND TRAINING BOARD - RETURN TO WORK QUESTIONNAIRE**

**Employee Details**

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| --- | --- | --- | --- |
| Name |  | Employee Number |  |
| School/Dept/Centre |  | Return to Work Date |  |

**Health Declaration**

|  |  |
| --- | --- |
| 1. Do you have symptoms of cough, fever, high temperature, difficulty breathing, loss or change in your sense of smell or taste now or in the past 14 days? Yes/No
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| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes/No
 |  |
| 1. Are you awaiting the results of a Covid-19 test? Yes/No
 |  |
| 1. In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of Covid-19? Yes/No
 |   |
| 1. Have you been advised to self-isolate at this time? Yes/No
 |  |
| 1. Have you been advised to restrict your movements at this time? Yes/No
 |  |
| If you have answered Yes to any of the above 1- 6 questions you are required to follow the medical advice you receive or seek medical advice BEFORE returning to work   IF h |
| 1. Have you been categorised as [‘Very High Risk’ or ‘High Risk’](https://www2.hse.ie/conditions/covid19/people-at-higher-risk/overview/#very-high-risk-groups-(extremely-vulnerable)) by the Occupational Health Service (OHS)Yes /No
 |  |
| 1. Have you been abroad in the past 14 days? Yes/No
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| 1. If you have answered Yes to question 8, please confirm that you have adhered to the latest Government advice in relation to foreign travel which can be found [here](https://www.gov.ie/en/publication/77952-government-advice-on-international-travel/) Yes/No
 |   |
| 1. Are there any other circumstances relating to Covid-19, not included in the above which may need to be considered to allow your safe return to work? Yes/No

If you have answered Yes, please provide details: |  |

**Training Declaration**

|  |  |
| --- | --- |
| **I acknowledge that I will review the refresher Covid-19 Induction Training material provided Yes/No** |  |

I confirm, to the best of my knowledge that I have no symptoms of Covid-19, am not self-isolating or awaiting results of a Covid-19 test and have not been advised to restrict my movements.\*

|  |
| --- |
| Employee signature  |
| Date |

***\* If your situation changes after you submit this Return to Work Form, please inform your manager immediately***

***Data Protection***

*Please note that Cork ETB is collecting this data for the purposes of maintaining safety within the workplace in the light of the Covide-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and this data will be held securely in line with our retention policy.*