

# RETURN-TO-WORK DECLARATION FORM

Any personal data collected on this Form is used for normal HR employment data processing & record keeping in accordance with data standards

Employee Name		
Date of Birth		
Can you confirm that your emergency contact details are up to date		
Job title & unit location		
General Manager		
First Date of absence		
Return to Work Date		
Reason for absence:	YES	NO
Were you formally diagnosed with having Covid-19		
Do you confirm that you followed the advice that you were given by the relevant authorities?		
Do you confirm that you are fit and well to return to work?		
Can you confirm that no one in your household still has Covid-19 symptoms		

Is there any other relevant information to consider e.g. an underlying health condition, pregnancy, currently receiving treatment etc.?

Do you need any special arrangements or measures to return to work

How will you be travelling to from work? Walk/bike/bus/train/other (record) do you need any assistance – somewhere to store bike?

Please summarise any details here:

Actions: Record responses and agreed actions below

- Discuss any concerns – how do you feel around returning to work?
- Discuss any feelings – what can we do anything to help?
- Discuss any restrictions to duties that may need to be considered

**Please confirm that you will notify your general manager immediately if you or your family members start experiencing symptoms?**

**I agree to follow workplace guidelines put in place to minimise risk and promote the health and safety of my colleagues and guests.**

Signature (employee):

Date:

Signature (Manager):

Date:

Review date (recommended 4/6 weeks)

Date: