Return to Work Form - This Return to Work Form must be completed by school staff in advance of returning to the workplace. If the answer is Yes to any of the below questions, you are advised to seek medical advice before returning to the workplace.

Name: _____ Name of School: _____
Name of Principal: _____

	Questions	YES	NO
1.	Do you have symptoms of cough, fever, high temperature (38 degrees C or above), difficulty breathing, loss or change in your sense of smell or taste now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 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?		
5.	Have you been advised to self-isolate at this time?		
6.	Have you been advised to restrict your movements at this time?		
7.	Have you been categorised as 'Very High Risk' or 'High Risk' by the Occupational Health Service (OHS)		

Please provide details below of 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 e.g. returning from travel abroad.

Signed: _____ Date: _____

* If your situation changes after you complete and submit this Return to Work Form, please inform your employer.

** Further information on people at very high risk (extremely vulnerable) or high risk from COVID-19 can be found at link:
https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html.

*** Details of current arrangements for travel overseas can be found set out at this gov.ie link

Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the COVID-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.