## Sligo Community Re-Opening

Return to Work for Community Staff\*

All employees must complete a return to work form before. Please answer the following questions, should you have any queries, please contact [Name of centre contact] at [phone number].

Please return the completed form to [Name of Centre Contact] at [means of contact) **no later than 3 days prior to proposed commence of return to work.**

**Name of Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes\*** | **No** | **Action** |
| To the best of your knowledge have you any symptoms of Covid-19, i.e. cough, fever, shortness of breath, sore throat, runny nose or flu like symptoms – now or in past 14 days? |  |  |  |
| Are you self-isolating?  |  |  |  |
| Are you awaiting results of a test relevant to Covid-19 |  |  |  |
| Have you been diagnosed with confirmed or suspected Covid-19 infection in last 14 days? |  |  |  |
| Are you a close contact of a person who is a confirmed or suspected case of Covid-19 in the past 14 days? (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day) |  |  |  |
| Have you been advised by a doctor to self-isolate or cocoon at this time? |  |  |  |
| 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. |  |  |  |

**\*If the answer is yes to any of these questions, follow the medical advice you are receiving, or failing that, seek medical advice.**