

# Return to Work Questionnaire

## Suggested Questions

1. Do you have symptoms suggestive of COVID-19 now or in the past 14 days?

*HSE Definition Symptoms of COVID-19:*

- a. a fever (high temperature - 38 degrees Celsius or above)
- b. a cough - this can be any kind of cough, not just dry
- c. shortness of breath
- d. breathing difficulties or
- e. cold / flu-like symptoms

2. Have you been diagnosed with a confirmed or suspected Covid19 infection in the last 14 days? Yes / No

*HSE Definition of Close Contact: spending more than 15 minutes of face-to-face contact within 2 metres of an infected person / living in the same house or shared accommodation as an infected person*

3. Are you a close contact of a person who is a confirmed or suspected case of Covid19 in the past 14 days? Yes / No

4. Have you been advised by a doctor to self-isolate at this time? Yes / No

*HSE Definition of Self Isolate: Self-isolation means staying indoors and completely avoiding contact with other people.*

5. Have you been advised by a doctor to cocoon at this time? Yes / No

*HSE Definition of Cocooning: Cocooning is for people who are extremely medically vulnerable. Cocooning means you should stay at home at all times and avoid face-to-face contact. Even within your home, you should minimise all non-essential contact with other members of your household.*

6. Please add additional information to support your answers to any of the above questions. Please also provide any other details you deem relevant and you think we should be aware of.

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Ensure form is signed and dated by those completing it.