## Return to Work Annual Leave Self Declaration 2020

As part of the requirements of the Government Return to Work Safely Protocol, and in order to ensure the continued health and safety of all employees, customers, clients, service users please complete this form prior to your return from annual leave. Please answer the following questions and should you have any queries, please contact [contact] at [phone number].

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

**Where any travel abroad has taken place and you are due to return to work the day after your return to the country please contact your manager at the earliest opportunity (prior to returning to work) to confirm that you are returning from a green list country as well as submitting completed form.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes\*** | **No** |  |
| Please confirm if you travelled abroad, outside of Ireland, during your period of annual leave. |  |  |  |
| If answer is yes to above question, please list all countries that you visited. |  |  |  |
| As of your return to Ireland date was the country / countries you visited on the government ‘green list’? (please note the green list is updated every 2 weeks) |  |  |  |
| As of your intended return to work date was the country / countries you visited on the government ‘green list’? (please note the green list is updated every 2 weeks) |  |  |  |
| If the country / countries, you visited were not on the ‘green list’ did you restrict your movements for 14 days when you returned to Ireland in accordance with government guidelines? |  |  |  |
| Since your return to Ireland have any of the countries/ territories you have visited since been removed from the green list? |  |  |  |
| 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 restricting your movements? |  |  |  |
| 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.**

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the Management Team if my answers to any of the above questions change and in line with government guidelines.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_