

	COVID-19 Questionnaire / Self-Declaration	CFS 076a	Issue No: 02
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In the interests of the safety of all, including staff, visitors, families and the community, it is a requirement that you complete the following questionnaire / self-declaration and return it to your Supervisor/Line Manager. This form, a requirement of the Government COVID-19 Return to Work Protocol, is to be completed 3 days in advance of returning to work and your co-operation and support in facilitating this is appreciated.

Question	Yes	No
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms 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 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 2m for more than 15 minutes accumulative in 1 day)?		
4. Have you been advised by a doctor to self-isolate at this time?		
5. Have you been advised by a doctor to cocoon at this time?		
6. Have you returned to the island of Ireland from another country in the last 14 days?		
7. Are you classified in the HSE high risk because you; <ul style="list-style-type: none"> a. are over 60 years of age b. have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis) c. have heart disease (such as heart failure) d. have high blood pressure (hypertension) e. have diabetes f. have chronic kidney disease g. have liver disease (such as hepatitis) h. have a medical condition that can affect your breathing i. have cancer j. have a weak immune system (immunosuppressed) k. have cerebrovascular disease l. have a condition affecting your brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy) m. have a problem with your spleen or have had your spleen removed 		

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising my Supervisor/Line Manager and excluding myself from attending the workplace if this situation changes, (i.e. if a point in the future, I would answer 'YES' to any of the above questions).

Name: _____

Signature: _____

Date: _____

Date Received: _____

Received by Employer's Representative: Print: _____ Sign : _____