**PRE-RETURN TO WORK QUESTIONNAIRE COVID-19**

This COVID-19 Pre-Return to workplace Form must be completed by DFI members and submitted to DFI at least 3 days in advance of returning to the workplace. The Form seeks confirmation that the member has **no symptoms** of COVID-19 and that the member is not self-isolating or restricting their movement.

If a member becomes symptomatic in the workplace following their return they must self-isolate, let DFI COVID-19 Leader Worker representative know and contact their Occupational Health Service or GP. Do not attend your GP or Occupational Health Service unless asked to do so.

In line with HSE policy all data must be processed and controlled in line with the principles of the GDPR and relevant Irish legislation, for further information please refer to *HSE Data Protection Policy, 2019.*

If the answer is ‘yes’ to any of the below questions you are advised to seek medical advice before returning to work.

|  |  |
| --- | --- |
| NAME: |  |
| DFI MEMBERSHIP NUMBER: |  |
| DATE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NO# | QUESTION | YES | NO |
| 1 | Have you experienced any of the following symptoms in the past 14 days?* Fever, Chills, Sweating, Malaise, Aches
* Shortness of breath or New/Worsening cough (dry or productive)
* Sore throat, Loss of taste or smell
* Vomiting/Diarrhoea

*If* ***YES*** *to any of the above, please self-isolate and contact your GP for advice* |  |  |
| 2 | Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?*If* ***YES****, continue to self-isolate, i.e. stay indoors and completely avoid contact with other people, including others in your household* |  |  |
| 3 | As far as you are aware have you been a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (see latest HSE Occupational Health definitions)?*If* ***YES****, continue to restrict your movements for 14 days by staying at home and avoiding contact with others as much as possible* |  |  |
| 4 | Have you been advised by a doctor/HSE to self-isolate at this time?*If* ***YES****, continue to follow advice received from your GP* |  |  |
| 5 | Have you been advised by a doctor to cocoon at this time? |  |  |
| 6 | Have you been advised by your doctor that you are in the very high-risk group? If yes, please liaise with your doctor and DFI re return to work. |  |  |
| 7 | Have you travelled from outside the island of Ireland within the last 14 days?*If* ***YES****, you must self-isolate for 14 days from the date of return* |  |  |

I confirm, to the best of my knowledge, that I have no symptoms of COVID-19, are not self-isolating, awaiting results of a COVID-19 test or been advised to restrict my movements. Please note that DFI is collecting sensitive personal data for the purposes of maintaining safety within the workplace considering the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health. This data will be held securely in line with our retention policy and in line with our data policy.

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

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_