**COVID – 19 DECLARATION FORM**

In the interests of safety of everyone on the premises, Management ask that you complete the following declaration in advance of your return to work. Please note that on review of this declaration, Management may request that you do not return to work immediately, and will contact you to discuss a suitable future return to work date. You may also be required to provide a fit to work cert in advance of your return to work.

**Yes /No**

|  |  |
| --- | --- |
| Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |
| Have you been in direct contact with anyone who has been diagnosed with confirmed or suspected Covid-19 in the last 14 days? |  |
| Have you had any symptoms of Covid-19 such as Cough, fever, difficulty breathing or shortness of breath in the last 14 days? |  |
| Are you considered to be in the “At Risk” group of people? This group is defined as:   * Those aged 70 or over * Those with long-term medical conditions including cardiac and respiratory conditions * Those whose immune system is impaired due to disease or treatment including cancer patients * Those with any condition that can affect respiratory function (breathing) |  |
| Have you been advised by your doctor to cocoon or self-isolate? |  |
| Have you travelled outside the island of Ireland in the last 14 days?  If yes, please indicate where you travelled to:  -------------------------------------------, -----------------------------------------, |  |

I confirm that I have answered the above truthfully and to the best of my knowledge, and that I will inform management should my situation in relation to the above questions change.

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Employee Signature Date

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |

This data will be collected and stored in line with Regulation (EU) 2016/679 (General Data Protection Regulation).