

# COVID-19 Return to Work Form

Meeting Date & Time:

Return to Work Date:

Employee's Name:

Total Absence Time:

Absence Start Date:

Reason for Absence:		Government Guidance:
<input type="checkbox"/>	Tested positive for COVID-19	Self-isolate, take advice from 111
<input type="checkbox"/>	Showing symptoms of COVID-19	Self-isolate and for 7 days from end of symptoms
<input type="checkbox"/>	Lives with someone else showing symptoms / tested positive	Self-isolate for 14 days
<input type="checkbox"/>	Instructed to self-isolate by health services	Self-isolate for 7 days
<input type="checkbox"/>	Received or expecting a letter from the NHS to shield themselves	Self-isolate for at least 12 weeks
<input type="checkbox"/>	Cares for a vulnerable dependent	About 2 days for planning arrangements
<input type="checkbox"/>	Employee is pregnant and concerned or suffers from underlying health conditions	Discuss with Employer
<input type="checkbox"/>	Own decision to self-isolate / Other	Not required to self-isolate
Details of Decision:		

Certification of Absence			
<input type="checkbox"/>	Self-certify sick for the first 7 days	<input type="checkbox"/>	Self-isolation note from day 8
<input type="checkbox"/>	Letter advising they fall into the vulnerable persons group		
Notes			

# COVID-19 Return to Work Form

This form is intended to be used to log and keep track of COVID-19 related absence. By following government guidance and acting accordingly, staff, customers and the business are better protected by reducing the risk of transmitting the infection.

Please insert the date and your signature below.

<p><b>Line Manager</b></p>      <p><b>Date</b></p>	<p><b>Employee</b></p>      <p><b>Date</b></p>
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**RETAIN FORM ON FILE**