



UFORM005 UniHaven Pandemic Return to Work Form Rev 1

To help prevent the spread of pandemic viruses in the workplace, every staff member or visitor must complete and sign this form before visiting our workplace or returning to work. On review of the form, we may ask you not to return to work or visit immediately and will discuss a suitable alternative future date for your attendance.

Employee or Visitor Name:	Date:	Every question <u>must</u> be answered.
Workplace Address: Specify Naas Office or Maynooth College:		
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, flu-like symptoms or loss or change to your sense of smell or taste 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 2 metres for more than 15 minutes altogether 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.	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 or visit. If you are unsure whether you are in an at-risk category, please check the HSE website. If your situation changes after you complete and submit this form, please tell the Pandemic Officer.	
Additional Information		

This form is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. UniHaven shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this document.