

Furloughed Worker Return to Work Form – (Covid-19 Pre-Screening)

Employee Name	
Location	
Department	
Manager Conducting Pre-Screening	
Date Pre-Screening Performed	
1. Does the employee have any symptoms of Covid-19 currently or are they awaiting test results?	
2. Has the employee had symptoms of Covid-19 in the last 14-Days?	
3. Has any of the employees family members residing with them had symptoms of COVID 19 in last 14 days?	
4. Has the employee received any notification in writing or via text message from the government, NHS, GP or any other medical professional to state they should shield or self-isolate for 12 weeks?	
Pre-Screening Result	<p><b><u>Please Circle</u></b></p> <p>Fit to Return to Work</p> <p>Not Fit to Return to Work</p>
Manager Signature	

If the employee answers **YES** to questions 1 – 3 they cannot return to work and should make contact in 14 days. If they answer **YES** to the **last question** we require a copy of the notification and the employee should be advised to make contact 12 weeks following the date of the notification to self-isolate.

**COMPLETED FORMS SHOULD BE SENT TO SUE PERIGO (HR)**