**RETURN TO WORK QUESTIONNAIRE**

Name: ………………………………………………………………………………………………

Job Title: …………………………………………………...………………………………………

Department: ……………………………………………………………………………………….

1. How are you feeling? What was the illness/what were your symptoms?

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1. Are you fully recovered? If not, please provide details.

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1. Did you see your GP? When?

What did he/she say?

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1. Are you having any ongoing treatment? If so, please provide details.

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1. Have you been referred for any specialist treatment? If so, please provide details.

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1. Was your absence related to an ongoing medical condition? Do you think you may suffer from this again?

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1. Do you feel the reason for your absence was connected with your work? If so, please provide details.

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1. Were there any other reasons for your absence?

……….………………………………………………………………………………………

1. Is there anything we can do to help?

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**COVID-19 specific questions:**

1. Were you around someone with symptoms of COVID-19 or did you have symptoms yourself? If so, provide details.

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1. Have you been tested for COVID-19? If so, how many times were you tested and what were the results?

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1. Were you hospitalised / did you receive any medical advice/treatment? If so, please provide details, including the dates on which you were hospitalised, what treatment you received, and what diagnosis was given by those treating you.

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1. If you experienced COVID-19 symptoms, how long did they last for?

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1. If you experienced COVID-19 symptoms, on what date did they stop completely?

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Signed by Employee: ………………………………………………....

Dated: ………………………………………………….

Signed by Manager/Supervisor: ………………………………………

Dated: ………………………………………………....

NB: CONSIDER WHETHER TO ASK FOR CONSENT TO OBTAIN FURTHER MEDICAL EVIDENCE FROM GP.