**[*Organisation Name] -* Returning to Workplace Questionnaire**

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| **Employee Name:** |  | **Date:** |  |

|  | | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- |
| 1 | Do you have any underlying health conditions or other characteristics that put you at greater risk of serious illness if you contract COVID-19?  *A list of conditions and characteristics that may put you in the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) categories is available* [*here*](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/)*. If you answer ‘Yes’, please specify whether you fall into the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) group by ticking the appropriate box.* |  |  | Moderate risk (clinically vulnerable)  High risk (clinically extremely vulnerable) |
| 2 | Is anyone in your household in the high risk (clinically extremely vulnerable) category? |  |  |  |
| 3 | Have you been advised against attending the workplace by a medical professional? |  |  |  |
| 4 | Do you, or any members of your household, currently have or have recently had (in the last 4 weeks), symptoms that may be caused by COVID-19? |  |  |  |
| 5 | Have you recently (in the last 2 weeks) been contacted by NHS Test & Trace and advised to self-isolate? |  |  |  |
| 6 | Have you recently (in the last 2 weeks) visited a country that requires a 14-day self-isolation on return to the UK?  *Further information is available* [*here*](https://www.gov.uk/government/publications/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk)*.* |  |  |  |
| 7 | Do you believe that returning to the workplace, or visiting third party premises for work would cause you high levels of fear or anxiety?  *Please provide details of any specific concerns that you may have (e.g. certain areas of the building/ office).* |  |  |  |
| 8 | Are you able to commute into the workplace without needing to use public transport? |  |  |  |
| 9 | Are you allergic to any type of cleaning or disinfectant product?  *If yes, please provide details.* |  |  |  |
| 10 | Are you allergic to any soap or hand sanitiser products?  *If yes, please provide details.* |  |  |  |
| 11 | *Please provide any additional relevant comments or concerns:* | | | |

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| **Notes:** |
| This questionnaire will be used to determine whether there are any compelling reasons why you should not return to the workplace or carry out visits to third party premises for work.  In some cases, there may be good reasons for and against returning to the workplace. In such instances, we will make an assessment based on a balance of risks and seek to find appropriate solutions.  The information you provide in this questionnaire will be handled with the strictest confidentiality and will only be reviewed by *[name person(s) responsible for reviewing completed questionnaires].* Please contact *[above named person]* if you have any questions or concerns relating to this questionnaire. |

*Please leave the following section blank.*

| **Reviewed by:** |  | **Date:** |  |
| --- | --- | --- | --- |
| **Comments/ Action Required:** | | | |
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