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

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

|  | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- |
| 1 | Do you have any underlying health conditions that put you at greater risk of serious illness if you contract COVID-19? *A list of conditions 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 ‘Yes’, please specify whether you fall into the moderate risk (clinically vulnerable) or high risk (clinically extremely vulnerable) group by ticking the appropriate box in the ‘Comments’ column.*  |  |  | Moderate risk (clinically vulnerable) [ ] High risk (clinically extremely vulnerable) [ ]  |
| 2 | Have you been advised against attending the workplace by a medical professional? |  |  |  |
| 3 | Do you believe that you may be at increased risk of serious illness if you contract COVID-19 for any other reason?*For example, as set out in the*[*COVID-19: review of disparities in risks and outcomes report*](https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes)*.* |  |  |  |
| 4 | Is anyone in your household in the high risk (clinically extremely vulnerable) category?  |  |  |  |
| 5 | Do you, or any members of your household (and/or members of your support/childcare bubble if you have one), currently have (or have recently had in the last 4 weeks), symptoms that may be caused by COVID-19? |  |  |  |
| 6 | Have you ever tested positive for COVID-19?*If ‘Yes’, please provide the date of your positive test result in the ‘Comments’ column.*  |  |  |  |
| 7 | Have you recently (in the last 2 weeks) been contacted by NHS Test & Trace and advised to self-isolate? |  |  |  |
| 8 | Have you recently (in the last 2 weeks) visited a country that requires a 10-day quarantine/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)*.*  |  |  |  |
| 9 | Do you believe that returning to the workplace, or visiting third party premises for work, would cause you high levels of fear or anxiety?*If ‘Yes’, please provide details of any specific concerns that you have (e.g. certain areas of the building/ office) in the ‘Comments’ column.*  |  |  |  |
| 10 | Are you able to commute into the workplace without needing to use public transport?  |  |  |  |
| 11 | Are you allergic to any type of cleaning or disinfectant product? *If ‘Yes’, please provide details in the ‘Comments’ column.*  |  |  |  |
| 12 | Are you allergic to any soap or hand sanitiser products? *If ‘Yes’, please provide details in the ‘Comments’ column.* |  |  |  |
| 13 | *Please provide any additional relevant comments or concerns:* |

|  |
| --- |
| **Notes:**  |
| 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].* Responses will be used to inform any additional support/risk control measures that may be required. 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:** |
|  |