

**Covid-19 Pre Return
to Work on Campus
Form for Employees**



An Associated College of
Trinity College Dublin, the University of Dublin

Staff in Marino Institute of Education (MIE) must complete this form and it must be received by MIE at least 3 days prior to returning to work. MIE reserves the right to contact you in relation to the information you provide, before you return to Campus.

If you indicate to us you have symptoms of COVID-19, or if you have been abroad in the last 14 days (with the exception to Northern Ireland), then in accordance with Government guidance, you will be required to seek a professional medical assessment before being permitted to return to MIE.

Employee Details
Name:
Work area / Department:
Mobile No:
Date:

Questionnaire	Yes	No
Have you had a confirmed Covid-19 infection in the last 14 days?		
Have you travelled abroad in the last 14 days? If yes please state where, and the date on which you returned.		
Have you displayed any symptoms of Covid-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and. or loss of taste or smell? If yes, which symptom(s) have you displayed		
Have you been in close contact with someone who has been diagnosed as having a confirmed Covid-19 infection in the last 14 days? (ie less than 2 meters for more than 15 minutes accumulative in 1 day)		
If you answered 'Yes' to any of the previous questions, have you consulted a doctor or other medical practitioner to obtain a return to work certificate?		
Have you been advised by a doctor to self-isolate at this time?		
If you travel on public transport to your place of work are you aware of the public health advice in terms of using public transport?		

NOTE:

- When on Campus, please ensure you follow MIE's instructions in respect of Covid-19, to include our on-site standard procedures regarding infection control (e.g. physical distancing, hand washing/hand sanitising, general coughing/sneezing etiquette, etc.).
- You must contact HR immediately if your situation changes with regard to the above questions.

I confirm that the above information is accurate to the best of my knowledge:

Print name: _____

Signature: _____

Date: _____