**Faculty of Health Sciences Office – Back-to-Work Declaration Form**

Please complete this **self-declaration** form for three days prior to return to site, and every day you are on-site.

If the answer to any of these questions is ‘Yes’ then you do not have permission to access the campus, and you are strongly advised to seek medical advice.

* + 1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms? Yes/No
		2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes/No
		3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days Yes/No
		4. Have you been advised by a doctor to self-isolate at this time? Yes/No
		5. Have you been advised by a doctor to cocoon at this time? Yes/No

**Note:** If symptoms and/or a positive test are reported, please notify the Dean (and Faculty Administrator when the rota of return-to-work is in operation).