

Food Handler's Return-to-Work Questionnaire – COVID-19 SPECIFIC

This form is to be completed by all food handler managers **PRIOR** to returning to work. This form is in addition to the standard food handlers return to work questionnaire and must be completed over the phone **PRIOR** to the member of staff returning to work. It must be completed if the staff member is ill with COVID-19 symptoms or if household members are ill and they are self-isolating.

Name:	Proposed Date of return:
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Please answer the following questions:

Do you still have any of the following symptoms?	Yes	No	Date
Continuous cough			
High temperature			
IF ANSWERING YES TO EITHER OF THE ABOVE, PLEASE DO NOT RETURN TO WORK, YOU MUST SELF-ISOLATE FOR 7 DAYS FROM THE START OF YOUR SYMPTOMS			

If no, when did your symptoms end?	Date
Continuous cough	
High temperature	

Do you live alone?	Yes	No
IF YES, YOU MUST HAVE REMAINED AT HOME FOR 7 DAYS AFTER THE ONSET OF YOUR SYMPTOMS		
Please confirm that you have remained at home for 7 days?		
Do you live with others?	Yes	No
If you have been ill yourself please confirm that you have isolated for 7 days Since the start of YOUR symptoms?		
IF YOU ARE LIVING WITH SOMEONE WHO HAS BEEN ILL BUT YOU HAVE NOT BEEN ILL YOURSELF YOU MUST HAVE STAYED AT HOME FOR 14 DAYS SINCE THE FIRST PERSON IN YOURHOUSEHOLD BECAME ILL BEFORE RETURNING TO WORK.		
If you have NOT been ill yourself but live with someone who has had symptoms, please confirm that you have isolated for 14 days since the start of THEIR symptoms		
Signature of food handler (when returns)	Date:	
Signature of Manager	Date:	