

# Scoil Oilibhéir Naofa Junior School

Bettystown, Co Meath A92 H762 Roll No: 20216L

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Principal – Maria White

Deputy Principal- Sarah Liddy

## **PRE-RETURN TO WORK FORM – COVID 19 RESPONSE PLAN**

**As outlined in Government document ‘Return to Work Safely Protocol Covid 19 Specific National Protocol for Employers and Workers’ a pre-return to work form should be completed three days prior to your return to the workplace**

Please complete the form below and return to me @ [principal@bettystownschool.ie](mailto:principal@bettystownschool.ie) three days prior to your return to Scoil Oilibhéir Naofa.

Name:.....

Date :.....

Please answer the following questions yes or no:

Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? .....

Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? .....

Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)? .....

Have you been advised by a doctor to self-isolate at this time? .....

Have you been advised by a doctor to cocoon at this time? .....

**If you have answered Yes to any of the questions above, you are strongly advised to follow the medical advice you receive or to seek medical advice before returning to work.**

Please sign below if the following statement applies to you:

I confirm the best of my knowledge, I have no symptoms of COVID-19 and that I am not self-isolating or awaiting the results of a COVID-19 test.

Signature :.....