

RETURN TO WORK/NURSERY HEALTH QUESTIONNAIRE

Name:		Date:
	Have you had a recent test for Covid-19? Please follow the link below to find out what the results mean. Follow the advice given.	
	https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/what-your-coronavirus-test-result-means/	
1	Have you had close contact with a confirmed case within the last 14 days?	
	YES: Self-isolate for 14 days from last contact	
	NO: Go to question 2	
2	Do you have a new dry cough, a high fever, and/or loss/change in taste and/or smell?	
	YES: Self-isolate for 7 days from the onset of symptoms	
	NO: Go to question 3	
3	Have you had any of the symptoms from question 2 in the last 7 days?	
	YES: Go to question 4	
	NO: Go to question 5	
4	Do you still have symptoms after 7 days self-isolation?	
	YES: Continue self-isolation	
	NO: Go to question 5	
5	Has anyone in your household had any of the symptoms from question 2 within the last 14 days?	
	YES: Continue to question 6	
	NO: Finish questionnaire - if all answers are in the shaded areas then employee may return to work/child may return to nursery	
6	Have you completed 14 days self-isolation?	
	YES: Finish questionnaire - if all answers are in the shaded areas (not including question 5) then employee may return to work/child may return to nursery	
	NO: complete 14 days self-isolation	
EMPLOYEE/PARENT DECLARATION: I declare that I understand the questions and requirements outlined above and my responses are true to the best of my knowledge.		
Signature:		Date:
MANAGER AUTHORISATION: I confirm that the health question have been satisfactorily completed and action taken as appropriate, and their commitment to compliance with nursery policies has been confirmed.		
Manager name:	Signature:	Date: