

## COVID-19 Employee Return to Work Consent

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, social distancing is recommended. I confirm that I will follow the strict clinic protocols on social distancing, safe working practice and infection control to minimise risk as much as possible to myself, colleagues and patients. \_\_\_\_\_(initials)

I confirm that I have received a full training programme covering returning to work safely and that I am satisfied I am fully prepared and happy to return to work. \_\_\_\_\_(initials)

I understand that the Clinic management team is closely monitoring the COVID-19 situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand this is under constant review and as such my role may be subject to notified change and further training may be necessary. \_\_\_\_\_(initials)

If at any time I become unhappy, or am concerned about safety I will immediately bring this to the attention of my manager. \_\_\_\_\_(initials)

I understand that regular audits will take place to ensure that staff and patient safety is being maintained to the highest standard. \_\_\_\_\_(initials)

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I accept the risk that I might become infected despite the safety measures that are in place. If I believe I could have been exposed to any risk, or could be infected I will stay home in isolation and immediately inform my manager. \_\_\_\_\_(initials)

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below at present:

- Fever
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat
- \_\_\_\_\_ (initials)

I am aware this can change, and as such I will immediately inform my manager should I develop any of the above symptoms, or if somebody I have been in contact with develops any of these symptoms/ or has to isolate. \_\_\_\_\_(initials)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I confirm that I have not travelled in the past 14 days, and if I do travel or reside with somebody that travels I will isolate at home and inform my line manager. \_\_\_\_\_(initials)

I confirm that if I develop COVID-19 symptoms or a known contact of mine develops symptoms and I am required to isolate, I will immediately inform the COVID-19 report line to enable contact tracing to commence. \_\_\_\_\_ (initials)

Employee name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_