

Return to Work Self-Certification

This must be completed on return to work following absence, holiday or a gap in employments. Failure to complete this form may result in disciplinary action		
Name:	Clock Card No.:	
Today's Date:	Date returned to work if different from today's date:	
<p><u>Absence</u> : If returning from absence please record reason for absence:</p> <ul style="list-style-type: none"> - IF THE REASON IS DUE TO SICKNESS AND DIARRHOEA YOU CANNOT RETURN TO WORK UNLESS YOU HAVE BEEN CLEAR OF SYMPTOMS FOR 48 HOURS - IF THE ABSENCE INVOLVED SORES OR WOUNDS THESE MUST BE COVERED BEFORE YOU BEGIN WORK - IF YOU HAVE BEEN PRESCRIBED MEDICATION THESE MUST NOT BE TAKEN INTO THE FACTORY 		
<p><u>Holiday</u>: If returning from holiday please state destination:</p> <ul style="list-style-type: none"> - IF YOU HAVE HAD SICKNESS AND DIARRHOEA WHILST ON HOLIDAY YOU CANNOT RETURN TO WORK UNLESS YOU HAVE BEEN CLEAR OF SYMPTOMS FOR 48 HOURS 		
<u>All returnees must complete the following:-</u>	Yes/ No	State what and when
1) Have you had sickness and/or diarrhoea in the last 48h hours?		
2) Have you had severe sickness and/or diarrhoea in the last 3 months?		
3) Have you had any of the following in the last 3 months:- i) A food borne disease ii) Typhoid/ Paratyphoid iii) Parasitic Infection iv) Tuberculosis		
4) Has a close family member have any of the above in the last 21 days?		
5) Are you currently suffering from any of the following: - i) Skin Trouble ii) Boils, open sores, wounds or styes iii) Septic fingers, nail infections (whitlow) iv) Ear, Eyes and Mouth Infections		
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SPEAK TO YOUR SUPERVISOR OR HR BEFORE STARTING WORK		
I declare that the information provided, is to the best of my knowledge, complete and accurate		
Signature:		
<u>FOR OFFICE USE ONLY: PLEASE REFER TO FOOD HANDLERS FITNESS TO WORK TO SEE IF ANY FURTHER ACTION IS REQUIRED: PLEASE RECORD ANY ACTION TAKEN BELOW</u> 		