**RISK-BASED APPROACH TO RETURN TO WORK   
DURING COVID-19 PANDEMIC**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | First Name: | | |  |
| Occupation: | |  | | Department: | | |  |
| Company Number: | | |  | | Age: |  | |

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| --- | --- | --- |
| **ADVICE TO EMPLOYEE** | | |
| These risk categories are provided for your own use.  You do not have to inform your employer on the specifics of your health conditions. | | |
| **LOW RISK**  **Return with FIRST third** | **MEDIUM RISK:**  **Return with SECOND third** | **HIGH RISK:**  **Return with LAST third** |
| * **Age: Younger than 50 years** * No heart conditions * No diabetes * No chronic respiratory disease * No cancer * Not immuno-compromised | * **Age: Between 50-59 years** * Heart conditions * Diabetes * Chronic respiratory disease | * **Age: 60 years and older** * Heart conditions * Diabetes * Chronic respiratory disease * Cancer * Severe Obesity: BMI>40 * Dialysis * Immuno-compromised * Liver disease |
| * If you are younger than 50 years of age. but **with** chronic condition, you move to the medium risk category * Pregnancy is at this stage **not** considered as increased risk | |
| **EMPLOYEE’S COVID-19 RISK PROFILE** | | | |

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| 🞏 **Low** | 🞏 **Medium** | 🞏 **High** |

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| **DECLARATION BY EMPLOYEE** |

I have been informed of the increased risk for me to be at work, but I would like to continue working without holding the company responsible for contracting COVID-19 as a result of being onsite.

**The following special measures are in place to protect me (please tick those applicable):**

🞏 Additional distancing (>1.5 m) in production line/separate room

🞏 Adapted shifts or working hours

🞏 Less interaction with other employees or clients

🞏 Additional monitoring of symptoms

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| Employee signature: |  | Date: |  |