**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
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| **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: |  |