**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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| **You have a higher risk for serious complications and severe illness from COVID-19 if you meet any of the following criteria or have any of these conditions** |
| 1. You are 60 years and older
2. You have one or more of the following chronic medical conditions(of any age), particularly if it is not well-controlled:
* chronic lung disease: moderate to severe asthma, chronic obstructive pulmonary disease, bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung disease
* diabetes (poorly controlled) or with late complications
* moderate/severe hypertension (poorly controlled) or with target organ damage
* serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease
* chronic kidney disease being treated with dialysis
* chronic liver disease including cirrhosis
1. Severe obesity with body mass index (BMI) of 40 or higher
2. Immuno-compromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications
3. More than 28 weeks pregnant (and especially with any of co-morbidities listed above)
4. Any other condition a healthcare practitioner deems as a high risk
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| **EMPLOYEE’S COVID-19 RISK PROFILE (🗹 if applicable** |

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| 🞏 I have a HIGH risk according to the list above 🞏 I am pregnant? If so, when is your baby due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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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: |  |