**APPENDIX B**

**EXAMPLE RETURN TO WORK DECLARATION FORM**

**Declaration form Return to work after quarantine**

Anyone who has completed their quarantine (voluntary or forced) and does not have or no longer exhibits any symptoms of COVID-19 must complete the following declaration form before returning to the workplace to ensure the health and safety of everyone.

Please return the completed form to your immediate supervisor if you are an office worker or to the Health and Safety (H&S) advisor at your site (or to the superintendent if no H&S advisor is assigned to the site).

**Select the situation that applies to you, then complete the declaration associated with your situation:**

**Situation 1: Isolation following a trip from outside Canada - no symptoms**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have no symptoms of COVID-19 (fever over 38°C, cough and/or difficulty breathing) and that I have completed 14 calendar days of quarantine (from the date of return from the trip) which began on \_\_\_\_\_\_ / \_\_\_\_\_\_ 2020.

**Situation 2: Isolation following a trip from outside Canada – with symptom(s), no hospitalization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have experienced one or more symptoms of COVID19 (fever over 38°C, cough and / or breathing difficulties), have completed my isolation period of 10 calendar days (from the date of the first symptoms) which started on \_\_\_\_\_\_ / \_\_\_\_\_\_ / 2020 and have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I no longer have acute symptoms for at least 24 hours (excluding residual cough that may persist).

**Situation 3: Isolation following the onset of one of the symptoms of COVID-19 - Without hospitalization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have experienced one or more symptoms of COVID19 (fever over 38°C, cough and / or breathing difficulties), have completed my isolation period of 10 calendar days (from the date of the first symptoms) which started on \_\_\_\_\_\_ / \_\_\_\_\_\_ / 2020 and have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I no longer have acute symptoms for at least 24 hours (excluding residual cough that may persist).

**Situation 4: Isolation due to close contact with a person confirmed to have COVID-19**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have a copy of a negative COVID-19 test confirmation and a medical note which authorizes my return to work by a doctor.

\* This medical note will be requested upon your return. \* \* You will also have to complete the COVID-19 form at the worksite upon your arrival.

**Situation 5: Isolation due to close contact with a person who has returned from outside the country within the past 14 days and who has one of the symptoms of COVID-19**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have a copy of a negative COVID-19 test confirmation and a medical note which authorizes my return to work by a doctor.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I no longer have acute symptoms for at least 24 hours (excluding residual cough that may persist).

\* This medical note will be requested upon your return. \* \* You will also have to complete the COVID-19 form at the worksite upon your arrival.

**Situation 6: Isolation due to having tested positive for COVID-19**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have a copy of a negative COVID-19 test confirmation and a medical note which authorizes my return to work by a doctor.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I no longer have acute symptoms for at least 24 hours (excluding residual cough that may persist).

\* This medical note will be requested upon your return. \* \* You will also have to complete the COVID-19 form at the worksite upon your arrival.

**To be completed by all, regardless of your situation:**

I hereby confirm that my declaration made on this form is true. I agree to inform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in writing at of any change in my current state of health.

Name (in printed letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_