**COVID-19 Return to Work Acknowledgement Form**

CLINIC XYZ has implemented a return to work plan to resume operations which is in alignment with local Public Health Guidelines and/or Provincial directives and INSERT APPLICABLE REGULATOR NAME IN THE PROVINCE. To ensure the safety of our staff and patients, all individuals returning to the clinic must complete the following form.

Preliminary Questions

1. In the past 14 days, have you, or any individual living in your household been in contact with anyone that had a confirmed case of COVID-19?

□ Yes                           □ No

1. In the past 14 days, have you, or any individual living in your household been quarantined or tested positive for COVID-19?

□ Yes                           □ No

1. Have you returned to Canada from an affected region within the last 14 days?

□ Yes                           □ No

1. Are you currently experiencing any flu-like symptoms that are consistent with those who have been diagnosed with COVID-19?

□ Yes                           □ No

1. If you selected yes to any of the above questions, have you been cleared by Public Health to return to work?

□ Yes                           □ No

*Please note,* ***CLINIC XYZ*** *reserves the right to request medical clearance in an event of exposure or a positive COVID-19 test.*

Upon your return to work at the INSERT NAME OF CLINIC, you expressly agree to abide by the Virus/Influenza Pandemic Policy, and the required procedures outlined below:

* If you become aware of any exposure, directly or indirectly, you have had to COVID-19, or if you test positive for COVID-19, you agree to remotely notify INSERT CONTACT
* In the event a family member and/or individual living in your household is exposed, directly or indirectly, or tests positive for COVID-19, you agree to remotely notify INSERT CONTACT
* In the event you are experiencing virus/flu-like symptoms, you agree to remotely notify INSERT CONTACT
* You agree to abide by all Health and Safety measures implemented by CLINIC XYZ and to follow all local Public Health guidelines and/or Provincial directives that may be communicated
* If you are aware of any actual and/or potential hazards or violations of current Health and Safety policies, procedures or measures that have been put in place at the INSERT CLINIC, you agree to notify INSERT CONTACT immediately
* If you become aware of a possible patient exposure, either directly or directly, or positive test within the last 14 days, you agree to notify INSERT CONTACT immediately
* IF APPLICABLE: You agree to ask all incoming patients to the clinic whether they have been exposed, directly or indirectly, or tested positive within the last 14 days prior to their appointment

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_