

Covid-19 Prevention Measure Pre-return to Work Form

For Staff and Volunteers – this is to make sure that you do not have symptoms of Covid-19 and also to confirm that you are not self isolating or awaiting the results of a Covid-19 test.

This is to be completed and returned to Alan Byrne, Covid-19 Compliance Officer or another member of staff at least 3 days before the proposed return to Dundalk FM studio.

Name: _____

	Questions	Yes	No
1	Do you have symptoms of cough, fever 38 degrees Celcius and above/high temperature, sore throat, runny nose, shortness of breath, breathing difficulties or flu like symptoms now or in the past 14 days?		
2	Have you been diagnosed with confirmed suspected Covid-19 infection in the last 14 days?		
3	Have you been in close contact with a person who is a confirmed or a suspected case of Covid-19 in the past 14 days (ie less than 2m or more for more than 15 minutes accumulative in 1 day)?		
4	Have you been advised by a doctor to self isolate at this time?		
5	Have you been advised by a doctor to cocoon at this time?		
Are there any other circumstances in relation to Covid-19 not included in the form, which may need to be disclosed to allow your safe return to Dundalk FM e.g. are you part of a high risk or very high risk category?			

If you answer Yes to any of the above, you are strongly advised to self isolate, contact your GP to seek medical advice before returning to Dundalk FM. You should stay away for the station until symptoms have cleared following self isolation. This information will be used only for Covid-19 Prevention and HSE Contact Tracing, if required.

Induction Training

1. Name three symptoms of Covid-19.
2. How does Covid-19 spread from human to human?
3. What are the routes for entry for the Coronavirus into our bodies?
4. I must sign in and out any guest I bring in. True/False
5. Where is the hand sanitizer?
6. Where do you dispose of tissues?
7. What is social distancing?
8. I have watched the video in washing hands correctly/ Yes/No
9. What is good cough etiquette?
10. I must bring my own headphones, mic cover and pen. True/False
11. Have you given an ICE number to Alan/Padraig? Yes/No
12. Is handshaking allowed? Yes/No
13. Are you allowed in the Studio if there is someone in there already? Yes/No
14. What would you do if someone showed symptoms?
15. I must contact the station management if I answer yes to q 1-5 at any time. True/False

Signed _____

Date _____

Guardian _____

Date _____

CCO Signed _____

Date _____

Date Received	By
Comment	