



## Returning to the Workplace Employee Questionnaire

Before bringing staff back into the workplace, please request them to complete this form to assist you with your COVID-19 risk assessment. Provide details in the comments box as appropriate.

Note: There are 2 levels of higher risk – (a) high risk (clinically extremely vulnerable) and (b) moderate risk (clinically vulnerable). For more information, visit the NHS website [here](#).

Once completed, please return to:

**Name:**

**Department:**

<b>Employee Name:</b>						<b>Date:</b>				
Return to Work Questions						Yes	No	NA	Comments	
1	How will you travel to or from work? Please tick									
	Public Tpt.	Cycle	Walk	Lift Share	Own Car					
2	Can you perform your job at home?									
3	If the answer to Q2 is no, could reasonable adjustments be made to allow you to work from home?									
4	If possible, would you work from home on a semi-permanent basis?									
5	If you can work from home, do you have any other concerns?									
6	The COVID-19 pandemic affects people differently. Some people are more concerned than others. Please indicate with a tick which of the following most accurately applies to you?									
	• Not concerned at all									
	• Slightly concerned									
	• Concerned, but following government guidance									
	• Worried about this more than normal									
	• Deeply concerned and avoiding going out									

7	Are there any areas in your workplace which may concern you when observing the social distancing guidelines?				
8	Are you a vulnerable person in accordance with government/NHS guidance? - If yes, or you are unsure, check the NHS guidance <a href="#">here</a> .				
9	Is anyone in your household a vulnerable person?				
10	Is anyone in your household self-isolating?				
11	Have you or anyone in your home tested positive for COVID-19?				
12	Have you had any of the COVID-19 symptoms?				
13	Has anyone else in your home had or currently have COVID-19 symptoms?				
14	Has a medical professional advised you not to attend work?				
15	Are you allergic to any cleaning or disinfectant product?				
16	Are you allergic to any soap or hand sanitiser products?				
17	Is there anything that may affect your safety and health while at work that we should be aware of?				

Please provide any additional information you feel is necessary: