

## Return to Work Self-declaration Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_

Declare that I have undergone ( home quarantine /  Hospital quarantine) from this date \_\_\_\_\_ to \_\_\_\_\_, following

1. being identified as  Primary /  Secondary contact of \_\_\_\_\_ (name, position)
2. being diagnosed COVID -19 through  PCR /  Rapid test
3. being in long leave (more than 2 consecutive days)
4. attend the special events or any gathering of large groups with over 10 participants.

Prior to return to work I confirm that:

- I have conducted PCR test and my test results are negative (attach picture or certificate if available)
- I have conducted Rapid Test on day 5 of my home quarantine, and my test results are negative (attach picture if available)
- I have not experienced flu symptoms for the last 5 days (for home quarantine)

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Return to work is authorized by line manager:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_