

Return To Sailing Protocols

Pre Return to Work Form

If you answer Yes to any of the questions below, you are strongly advised to follow the medical advice you have received or seek medical advice before returning to work:

- Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?

Yes / No

- Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?

Yes / No,

- Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?

Yes / No,

- Have you been advised by a doctor to self-isolate at this time?

Yes / No,

- Have you been advised by a doctor to cocoon at this time?

Yes / No.

Signed _____

Date _____