

Declaration of Fitness to Return to Work / Study: Covid-19 2020

WHS-PRO-FORM-006f



Declaration

Please note that you must complete the declaration set out below.

I, _____ [full name], of

_____ [address], in the

State of _____ [state] make the following declaration:

Please tick relevant box(es):

I declare that the information provided in connection with this declaration is true and complete;

I declare that I was directed by the Queensland Public Health Unit (or other medical provider) to self-quarantine due to travel requirements; suspected Covid-19 diagnosis; close contact of a positive Covid-19 case; and that my 14 day period of quarantine / isolation has passed; and I am well and able to resume normal activities;

I declare that my 14 day period of quarantine / isolation has passed and I have not been given further direction to self-isolate during this time;

I have been provided certification from a doctor or nurse that I no longer need to self-isolate.

I believe that the statements in this declaration are true in every particular.

Signature of Applicant _____ Date _____

Return this form to WHSNotification@jcu.edu.au and;

Staff:

- Your Manager / Supervisor

Student:

- Your Course Coordinator
- And, if a resident, your College Manager

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