

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

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, and;

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

I have not been given further direction to quarantine/isolate during this time. Or;

I have been provided clearance from a doctor, nurse or Queensland Health that I no longer need to quarantine/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](mailto:WHSNotification@jcu.edu.au) and;

Staff:

- Your Manager / Supervisor

Student:

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

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