



**UNIVERSITY OF THE PHILIPPINES
DILIMAN**

Return to Work Form

Part 1: Self-Certification

PERSONAL DETAILS[1]	
Name:	Job Title:
College/Department/Office/Unit:	Category: Faculty: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent REPS: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent Staff: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent
Email address:	*Non-Permanent includes Lecturers, UP Contractual, Non-UP Contractual, JOs, CoS, Project-based
Contact number:	
Vaccination details	1st dose: 2nd dose Booster
TRAVEL DETAILS	
Date/s of applied leave/travel:	Date Returned to Work:
Mode/s of transportation used: <i>(Please check all that apply)</i> <input type="checkbox"/> Personal vehicle (Car, motorcycle, etc.) <input type="checkbox"/> Airplane <input type="checkbox"/> Boat/Ship <input type="checkbox"/> Jeepney <input type="checkbox"/> Rented/Carpool <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Others, please specify: _____	
Place/s visited/frequented: <i>(Please list down all places that you have visited/frequented during your leave/travel. You may use the back of this form or another sheet of paper if needed.)</i>	

Lodging:

Own house/residence

Hotel

Bed and Breakfast

Motel/Hostel

Transient Houses/Dorms

Others, please specify:

Food: *(How and where did you take your meals?)*

Shared meals at home

Restaurant/Fast Food: Dine-In

Drive-Through

Delivery

Restaurant/Fast Food: Take-out

Others, please specify:

ACTIVITIES AND SOCIAL INTERACTIONS

Please list down all the activities you held and/or participated in during your leave/travel. Do not forget to indicate the number of participants for the said activity, including immediate household/family members. You may use the back of this form or another sheet of paper if needed.

<i>Activity</i>	<i>Number of participants</i>

I hereby certify that information presented in this form is true and accurate to the best of my knowledge.

Full name and signature:

Date:

Part 2: Return To Work Assessment (To be completed by Post-ECQ Team or Health Liaison Officer)

Name of Post-ECQ Team Lead/Health Liaison Officer:	Date of RTW Assessment:
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QUARANTINE AND CLEARANCE

1. Did the personnel undergo a quarantine? YES NO
How many days?

2. Did he/she submit a Medical Clearance from the UP-Health Service?

Name of Attending Physician: _____

Date of consult: _____

RETURN-TO-WORK ORDER

Did the personnel fully accomplish his/her Return-to-Work Form? YES NO

Is the personnel fit to work (based on the submitted Medical Clearance and RTW Form)? YES NO

Recommended date for personnel to return to work: _____

Post-ECQ Team Lead/Health Liaison Officer

Date

APPROVED BY:

Head of Unit

Travel risk assessment:

References:

1. https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf
2. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf
3. https://coronavirus.idaho.gov/wp-content/uploads/2021/05/Managing-Resident-Quarantine-After-Non-medical-Outings_FINAL_2021_4_30.pdf
4. <https://www.covid19.act.gov.au/stay-safe-and-healthy/advice-for-high-risk-settings>
5. <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html>