APPENDIX A

UNIVERSITY OF THE PHILIPPINES D I L I M A N

**Return to Work Form**

**Part 1: Self-Certification**

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| **PERSONAL DETAILS[1]** |
| Name: | Job Title: |
| College/Department/Office/Unit: | Category:Faculty: ☐ Permanent ☐ Non-Permanent REPS: ☐ Permanent ☐ Non-Permanent |
| Email address: | Staff: ☐ Permanent ☐ Non-Permanent*\*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: *(Please check all that apply)** Personal vehicle (Car, motorcycle, etc.) ☐ Airplane ☐ Boat/Ship ☐ Jeepney
* Rented/Carpool ☐ Bus ☐ Train ☐ Others, please specify:
 |
| Place/s visited/frequented: *(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.)* |

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| Lodging:* Own house/residence ☐ Hotel ☐ Bed and Breakfast
* Motel/Hostel ☐ Transient Houses/Dorms ☐ Others, please specify:
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| 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. |
| ***Activity*** | ***Number of participants*** |
|  |  |
|  |  |
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|  |  |

***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)***

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

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| 1. **Did the personnel undergo a quarantine? ☐ YES ☐ NO**

**How many days?**1. **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.p](https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT_exp_risk_assess_template_patients_postacute.pdf) [df](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-](https://coronavirus.idaho.gov/wp-content/uploads/2021/05/Managing-Resident-Quarantine-After-Non-medical-Outings_FINAL_2021_4_30.pdf) [Outings\_FINAL\_2021\_4\_30.pdf](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-](https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html) [workplaces.html](https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html)