

Construction COVID-19 Return-to-Work Clearance Form

Employee Information

Full Name

Employee ID

Position/Title

Construction Site/Location

Contact Number

Medical Information

Last Day Worked

Intended Return Date

Date of COVID-19 Diagnosis (if applicable)

Date Symptoms Resolved

COVID-19 Health Clearance

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No fever for at least 24 hours without the use of fever-reducing medication

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Symptoms have improved

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Isolation requirements completed as per health authority guidance

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Received clearance from healthcare provider

Additional Notes (optional)

Employee Signature

Date

Health/Safety Representative Signature

Date