

**Return to Work Clearance Checklist**

**Facility:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee ID #:** \_\_\_\_\_ **Employee DOB:** \_\_\_\_\_

**Date Flu Symptoms Began:** \_\_\_\_\_

Ask the employee the following questions and mark their answer:

	<b>Question</b>	<b>YES</b>	<b>NO</b>
1.	Have you taken an anti-viral medication? (Tamiflu or Relenza)		
2.	Have you had any fever in the past 24 hours? (as indicated by a thermometer)		
3.	Have you taken a fever-reducing medication in the past 24 hours? (Advil / ibuprofen, Tylenol / acetaminophen)		
4.	Have you had any vomiting or diarrhea in the past 24 hours?		

Questions 2, 3, 4 - If the employee answers "yes", he/she can not return to work that day. (The employee must be free of any fever, vomiting, diarrhea, and fever-reducing medication for 24 hours before returning to work.)

Action Taken:

- Employee allowed to return to work
- Employee told that they can not return to work yet
- Consulted with medical staff regarding employee's return to work

Local HR Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILED IN EMPLOYEE'S HEALTH RECORD**