

RETURN TO WORK FORM

Name _____ Date _____ Time _____

Interviewed by _____

QUESTIONS	YES	NO
Have you been in contact with anyone diagnosed with the pandemic virus or disease?		
Have you been in contact with anyone who demonstrated flu like symptoms but were never checked at a medical facility?		
Have you attended any events in the past 2 weeks where anyone was diagnosed with the pandemic virus or disease?		
Are you experiencing now or have you experienced flu like symptoms in the past 2 weeks?		
If you checked YES on any of the above questions, please explain:		

Employee Signature _____

Interviewee Signature _____

Got questions? Visit us at stmooreinsurance.com or contact us:

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