

GREENBANK PRE SCHOOL  
RETURN TO WORK/SELF CERTIFICATE

Name

Date

What date did you begin to feel unwell?

What symptoms did you have?

Did you complete a test for Covid-19?

If so, did you share the result with your line manager?

Did you contact your GP surgery?

Did you see or speak to a GP or another health professional?

What date did you feel fit to work again?

How many days did you have off work?

Signature

Date

Line Manager's Signature

Date