**Symptomatic worker to self-isolate for 7 days**

**Asymptomatic worker with symptomatic household member to self isolate for 14days following Health Protection Scotland guidelines.**

|  |
| --- |
| **IMPORTANT - Line Managers to complete****Please only refer those who meet all three criteria below** |
| **1** | **Small team with little or no resilience to absorb the workload/replace the person** |
| **2** | **Absence is likely to risk the health of patients/wider population** |
| **3** | **Unable to work effectively from home** |

This is a urgent referral and must be sent within **72 hours** of symptom onset

|  |  |
| --- | --- |
| **Surname:** | **Forename:**  |
| **DOB:**  | **CHI:**  |
| **Worker**  | **Worker Profession:Transport**  |
| **Worker address:** | **GP practice:**  |
| **Worker landline number:**  | **Worker mobile number:** |
| **Employer/Place of work:**  | **Job Title:** |
|  |  |
| **Worker self-isolating due to own symptoms or household member symptoms?:****Own symptoms [ ] Household Symptoms [ ]** | **Symptom details: Fever and new cough (partner)****Date Symptoms started:**  |
| **Please describe how the staff member meets the priority criteria (e.g. other staff member self isolating in the department?) Please provide as much detail as possible.** | **Details of exposure to confirmed COVID-19 cases in the workplace without appropriate PPE?** |
| **Details of symptomatic family member to be tested****Name:****DOB:** **CHI:****Contact details:**  | **Other key workers in the household:****Yes [ ] No [ ]**  |
| **Consent given by worker for referral:****Yes [ ] No [ ]** | **Consent given by the person tested to share result with the worker referred:****Yes [ ] No [ ]** |
| **Consent given to inform GP of result** **Yes [ ] No [ ]** | **Line/Practice Manager:****Telephone Number:** **Date:** **NAME AND SIGNATURE OF AUTHORISED APPROVER:**  |
| **By referring this member of staff you have understood that a negative test result** **does not categorically exclude the disease** |
| **To be completed by testing team:** |
| **Isolation discussed with patient(signpost to NHS Inform): Yes No**  | **Test required:** **Yes No****DATE OF TEST****\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_****TESTING TEAM STAFF MEMBER NAME:** | **Person(s) tested & CHI/s** |
| **Fit and able to driveother household member able to drive?****Yes No** **Driver required: Yes No**  |
| **Car make/model:**  |
| **Car colour:**  |
| **Car registration:** |
| **To be completed by testing team for result and communication** |
| **Result & information given to person tested:** **Yes No****Date:****Result & information given asymptomatic worker:** **Yes No N/A** | **Continuing isolation:** **Yes No****Onward Communication issued to:****GP: yes No****Occupational Health: yes No………N/A** |
| **Staff Member Name:** **Signature:** **Date:** |