****

**Covid-19 Staff Assessment form**

The purpose of this form is to establish whether you fall within one of the vulnerable health groups, whether you require to remain ‘shielded’ at home, or whether you can attend work on campus. If you can attend work on campus these questions will assist your manager in the consideration of any additional adjustments which may need to be discussed with you prior to your arrival on campus. Responses will be treated confidentially and sensitively. **You do not need to provide details of any medical condition**.

|  |  |
| --- | --- |
| Name: | Area of Work: |
| Job Title: | Contact Telephone: |

1. Have you received a ‘shielding letter’ and/ or advice from your GP to remain shielded? Y/N
If you answer Yes to this question, you **must** remain at home.
2. Are you in the higher risk group but have not received an NHS or GP ‘shielding letter’? Y/N

 Higher risk group includes individuals who are,

* Pregnant
* Over 70 years of age
* Advised to receive a yearly flu vaccine for medical reasons

It also includes people with:

* chronic (long-term) respiratory diseases, such as asthma (that requires an inhaled or tablet steroid treatment, or which has led to hospital admission in the past)
* chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease e.g. heart failure
* chronic kidney disease
* chronic liver disease e.g. hepatitis
* chronic neurological conditions e.g. Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* diabetes
* problems with your spleen – e.g. sickle cell disease *or i*f you have had your spleen removed
* a weakened immune system as the result of a health condition (e.g. HIV and AIDS), prescription medicines (e.g. steroid tablets) or chemotherapy treatment
* a BMI of 40 or above who are seriously overweight.
1. Please confirm that you have discussed any health concerns with your GP Y/N
If you answer No to this question, please contact your GP for specific advice relating to your health.
2. Has your GP advised you of any specific adjustments / alterations which need to be considered Y/N

to enable your return to the workplace.

1. You consider that **you are** able to return to work. Y/N

Signature: Date: