## COVID19 Staff Risk Assessment – Panel Referral Form: for cases where staff concern relates to underlying condition / vulnerability of household member

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| **Name of employee:** |  |
| **Name of line manager:** |  |
| **Date of birth:** |  |
| **Role:** |  |

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| **For risk assessment where concern relates to underlying condition / vulnerability of household member** | |
| What is the underlying condition / vulnerability of household member? |  |
| What is the age of household member? |  |
| What is the current status of underlying condition / vulnerability? |  |
| What is the level of dependency on employee of the household member? |  |
| What care arrangements and practical arrangements are in place? |  |
| Has the household member had Government letter for shielding? |  |
| Can staff member be accommodated outside household? |  |

Once completed, please forward to [**OHEnquiries@uhb.nhs.uk**](mailto:OHEnquiries@uhb.nhs.uk)