**Individual Covid-19 Risk Assessment Form**

This form will be used to assess the residual risk of Covid-19 infection to the member of staff due to workplace factors. Please ensure all sections of this form are completed. Please consult the “Guidelines for Staff Risk Assessment for Covid-19”, the “Covid Risk Assessment Form Guidance” ,all available on the Trust Covid website, before completing this form.

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| --- | --- | --- | --- |
| **Employee Name (Full Name)** |  | | |
| **Job Title/ Role** |  | | |
| **Date of Birth** |  | Ethnicity | Gender |
| **Contact Telephone Number (Home)** |  | | |
| **Contact Telephone Number (Mobile)** |  | | |
| **Contact Address Details** |  | | |
|  | Post Code: |  | |
| **Email Address** |  | | |
| **Ward/Department/Directorate** |  | | |
| **Manager’s Name** |  | | |
| **Job Title/ Role** |  | | |
| **Site/Location** |  | | |
| **Contact Telephone Number (Mobile)** |  | | |

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| **Please provide details of the employee’s job** | | | |
| Work Pattern: Full time □ Part time □ Job Share □ Night Worker □ Other □ On call □  Site: QE □ Heartlands □ Good Hope □ Solihull □ Other □  Length of time in post:  Duties: | | | |
| **Personal Risk Factors** | | | |
| **Please attach a completed Covid-19 Risk Matrix.** If the member of staff does not wish to disclose that form to the line manager, it should be sent separately to Occupational Health.  **Attached Yes **  ***OR***  **To be sent separately to OH by member of staff Yes ** | | | |
| **Previous Shielding? Yes  No **  **Shielding letter from Government/ GP? Yes  No **  **Previous advice from Occupational Health? Yes  No **  If yes, please provide details and include any relevant documents: | | | |
|  | | | | | |
|  | **Workplace Exposure Risk Factors** | | | |
|  | **1.** | | | |
|  | **2.** | | | |
|  | **3.** | | | |
|  | **Actions that have been taken to minimise risk** | | | |
|  | **1.** | | | |
|  | **2.** | | | |
|  | **3.** | | | |
|  | **What are the perceived residual risks and risk significance?** | | | |
|  |  | | | |
|  | **What further actions are planned?** | | | |
|  |  | | | |
|  | **Questions for Occupational Health and Risk Assessment Panel** | | | |
|  | 1.  2.  3. | | | |
| **Declaration by Manager** | | | |
| Please SIGN this box to confirm that the employee has been made aware of this referral. | | | |
| I confirm that I have discussed this referral with the employee and they agree to the information being forwarded to Occupational Health and the Risk Assessment Panel. | | | |
| Authorised by:  (*Print Manager’s name)* |  | Date |  |

**Once completed, please return the form along with a copy of the Covid-19 Risk Matrix Form to** [**OHEnquiries@uhb.nhs.uk**](mailto:OHEnquiries@uhb.nhs.uk)

***For Occupational Health Use***

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| **Occupational Health Summary Report** |
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| **Risk Assessment Panel Report** |
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