

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.

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)			

Please provide details of the employee’s job	
Work Pattern: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job Share <input type="checkbox"/> Night Worker <input type="checkbox"/> Other <input type="checkbox"/> On call <input type="checkbox"/> Site: QE <input type="checkbox"/> Heartlands <input type="checkbox"/> Good Hope <input type="checkbox"/> Solihull <input type="checkbox"/> Other <input type="checkbox"/> 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?

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

For Occupational Health Use

Occupational Health Summary Report

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Risk Assessment Panel Report

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