

**COVID 19
STAFF WITH UNDER LYING HEALTH CONDITIONS
HEALTH ASSESSMENT FORM**

Information for the Employee

- The government have advised that people with specific underlying health conditions, or are from a BAME background or are pregnant are at increased risk of severe illness from COVID-19 and should be particularly stringent in following social distancing measures.
- It is important the Trust is aware of any serious medical conditions that might put you at risk if exposed to the Covid-19 infection. This will enable your employer to make informed decisions regarding work you may be allocated. This information is stored confidentially and in full compliance with the Data Protection Act (DPA) as informed by GDPR 2018.
- **Please complete this form with you manager (in person or remotely) and discuss any concerns you may have regarding exposure to COVID19.**

Information for the Manager

- In accordance with Public Health England's guidance, managers should make adjustments to enable staff in this category to stay well and at work wherever possible. This may include working remotely or moving to a lower risk area. As a last resort, where neither of these options are available affected staff are advised to self-isolate (please see Covid 19 Staff Guidance handbook on Doris).
- Up to date guidance is available on the [Government Website](#)
- Managers are asked to identify and risk assess any member of their staff who may have an underlying health condition and agree reasonable adjustments/alternative duties/changes to normal working arrangements during this period.

Employees Name	Date of birth
Home Address	Home Tel no. Mobile Tel no.
Job title/role	Employee Number

Please read the following carefully. **To preserve medical confidentiality you do not have to disclose which conditions/illnesses you have or have had.** However it will be helpful to speed the decision making process if you do so.

1. Are you Over 70?
2. Or do you have any of the following underlying health conditions?
3. chronic (long-term) respiratory diseases, such as, [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
4. Asthma- asthma covers a spectrum of severity, for severe cases which requiring hospital admissions or courses of steroid tablets should self-isolate at home. For people with less severe forms of Asthma it may be appropriate to discuss with your line manager whether you can continue to attend for work.
5. Do you have chronic heart disease, such as [heart failure](#)
6. Do you have [chronic kidney disease](#)
7. Do you have chronic liver disease, such as [hepatitis](#)
8. Do you have chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
9. Do you have [diabetes](#)
10. Do you have problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
11. a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
12. Do you have Are being seriously overweight (a BMI of 40 or above)
13. Are you currently pregnant?
14. Are you from a BAME background?

Would you answer yes to one or more of the questions above? Yes/No

If you have ticked YES, your manager will discuss with you alternative working arrangements during this period. Your manager may seek further advice from Occupational Health.

If you have ticked NO, no further action is required and this form will be retained on your records in accordance with the GDPR

Manager to complete:

Based on the above information please detail what actions you have agreed to take with the employee.

Agreed actions:
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.....
.....
.....

Please ensure the employee signs a copy of this form below

Sign: _____ Date: _____

Employee to sign:

I certify that to the best of my knowledge and belief the information given here is true and correct.

I undertake to submit to a medical examination and/or investigation by the Occupational Health Service if required.

Sign: _____ **Date:** _____

Manager to ensure one copy to Occupational Health (occupational.health@nhs.net) and ensure the employee retains a copy for their reference.