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| **Part 1 - Details of person self-isolating** | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | | | | | | |
| **Date declared self-isolated:** | | | | | | | | | | | | | | |
| **Follow Up Contact Number:** | | | | | | | | | | | | | | |
| **Reason for Self-Isolating – Tick Options below** | | | | | | | | | | | | | | |
| **Have 1 of 4 Symptoms (tick below)** | |  | **Household member has Symptoms** | | | | | |  | **Household member tested positive COVID-19** | | | |  |
| **Tested positive for COVID-19** | |  | **Return from Cat 1 Country** | | | | | |  | **Return from Cat 2 Country** | | | |  |
| **Underlaying Medical Reasons** | |  | **Other, please detail:** | | | | | | | | | | | |
| **Symptoms Displayed,**  **if Any:** | **A new, constant cough** | | |  | **Fever** | |  | **Fatigued** | | |  | **Shortness of breath** |  | |
| **Scheme:** | | | | | | | | | | | | | | |
| **Contract Number:** | | | | | | **Client Name:** | | | | | | | | |
| **Employer:** | | | | | | | | | | | | | | |
| **Role on Site:** | | | | | | | | | | | | | | |
| **Potential Close Contact with following individuals:** | | | | | | | | | | | | | | |
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| **Locations been in last 24 hours:** | | | | | | | | | | | | | | |
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| **Line Manager / Supervisor Completing this Form:** | | | | | | | | | | | | | | |
| *Once completed, email to Joanne Chambers* [*j.chambers@jmccann.co.uk*](mailto:j.chambers@jmccann.co.uk) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Part 2 - To be completed by the Office** | | | | | | | | | | | | | | |
| **Has COVID-19 been confirmed on the individual?** | | | | | | | | **NO** | | |  | **YES** |  | |
| **Response plan required?** | | | | | | | | **NO** | | |  | **YES** |  | |
| **Details of response plan:** | | | | | | | | | | | | | | |
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| **Expected Return Date:** | | | | | | **Actual Return Date:** | | | | | | | | |