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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:** |
|  |
|  |
|  |
| **Locations been in last 24 hours:** |
|  |
|  |
|  |
| **Line Manager / Supervisor Completing this Form:** |
| *Once completed, email to Joanne Chambers* *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:** |
|  |
|  |
|  |
| **Expected Return Date:** | **Actual Return Date:** |