**COVID 19 - Self-identification and self-assessment of underlying health issues**

Purpose of self-identification and self-assessment

This self-assessment can assist you in identifying any underlying health issues that may need to be referred to Occupational Health to undertake a more detailed assessment to inform whether workplace restrictions or modifications are necessary to protect you.

Why should you do a self-assessment?

Coronavirus (COVID-19) is part of a large and diverse family of viruses that cause illnesses such as the common cold. In January a new or novel coronavirus was identified in humans; none of us having immunity to that virus. It is now been classified as a pandemic by the World Health Organisation.

Although most individuals will only suffer from mild to moderate symptoms; we know that some medical conditions are linked to more serious illness.

Now that we have moved to Level 2 on the national COVID-19 Alert System, we urgently need to identify individuals who may be vulnerable to the effects from COVID-19 so we can identify any workplace restrictions or modifications required.

Given the urgency of the situation, we are asking staff to **self-identify** and **self-assess** their own underlying health issues.

Underlying Health Conditions

The following medical issues have been linked with increased risk from COVID-19:

🞏 Heart disease

🞏 Lung disease

🞏 Diabetes

🞏 Cerebrovascular disease

🞏 Conditions causing immunocompromised states

🞏 Individuals on immunosuppressant medications, including long-term treatment with

 steroids / prednisolone

🞏 Liver or kidney disease

🞏 Cancer

🞏 Pregnancy

If you have a condition or think you may have a medical condition that may make you vulnerable to COVID-19, your Occupational Health Team needs to be made aware as soon as possible [insert process]. The outcome of the Occupational Health assessment will be provided to your manager so that so that appropriate action can be taken to protect your health. This information is confidential to you. No health information will be shared with your manager.

Assessment

|  |
| --- |
| **Please complete the following details:** |
| **Name** |  |
| **Employee Number** |  |
| **Date of Birth** |  |
| **Contact Mobile** **Phone** |  |
| **Contact Email** |  |
| **Job Title** |  |
| **Ward I Area of Work** |  |
| **Line Manager** |  |

If you answer yes to either of the below questions, please refer to your Occupational Health Team [Insert process]

|  |
| --- |
| **I believe that I have a condition that may make me vulnerable to the effects of COVID-19? [Type or Circle appropriate answer]**  |
| **YES or NO** |
| **I am over the age of 70** |
| **YES or NO** |

**FOR OCCUPATIONAL HEALTH TO COMPLETE:**

|  |  |
| --- | --- |
| **Date of assessment** |  |
| **Outcome of assessment** | **Fit for Category 1 | 2 | 3 | 4 (Circle)** |
| **Actions agreed as a result of assessment** | (Note if employee chooses to continue work in a zone they are not recommended to work in) |
| **Name I Signature** |  |
| **Date individual advised** |  |
| **Date manager advised** |  |