

Appendix B – COVID-19 Social Care Worker Testing Referral Form

COVID-19 Social Care Worker Testing Referral form version 1

This form will be subject to regular review and is **ONLY** to be used for the set COVID testing criteria in **Key identified Priority Staff Groups & Services** as per Staff COVID Testing Criteria.

Type of referral: (Please specify)

1. **Symptomatic staff member** – *Date of onset & symptoms*
2. **Symptomatic household contact** – *Date of onset & symptoms*
3. **Exception request: provide details:**

EMPLOYEE DETAILS:

*Surname:

*First Name:

*Date of birth:

*Pay number:

*Job Title / Occupation
(No abbreviations please)

*NI Number:

*NHS number:

*Area of work / service:

*Region of work:

*Contact number home:

*Contact Number mobile:

*Postal Address:

Employer:

*Home email address

*GP name & address

***Please note all this information is required for processing.**

HOUSEHOLD CONTACT DETAILS (Must be 16 years or over)

*Surname

*First Name

*Date of birth

*Contact number home

*Contact Number mobile

*Postal Address

*Home email address

*GP name & address

Testing arrangements:

NOTE people cannot attend without an agreed appointment slot. Please advise the employee / household contact to expect a call from the testing unit to allocate a testing slot. Staff must **take with them photographic identification** i.e. Work ID badge, driving license or passport.

NOTE If they are not well enough to attend the testing centre at present, this can be done when they are starting to feel a bit better (ideally within 4 days of onset). Home testing is not available. Please do not send this form in until the request for testing is required.

Details of Manager

Surname

First Name

Job Title

Contact Phone Number

Contact Email address

Details of person completing this form if different to above:

Surname

First Name

Job Title

Contact Phone Number

Contact Email address

PLEASE NOTE THIS REFERRAL WILL BE TRIAGED PRIOR TO TESTING
Please forward this completed form to this email addresses ONLY with an
Email Subject COVID19 Testing
PCCSSCommissioning@powys.gov.uk

For further information on COVID19 see the most up to date information available on the PHW web pages: Search Coronavirus

FOR OFFICE USE ONLY:
Please sign, print name & designation of entries

Meets criteria for testing:

| | | | |
|-----------|--------------|------------|-----------|
| Symptoms | Service area | Occupation | Potential |
| Exemption | | | |

Date & time request received:

Date & time contact made to attend appointment slot:

Date & Time of testing appointment:

Attendance status: attended did not attend

Ensure to reference 'STAFF' in the clinical details and input 98 as reference code on LIMS

Date & Time test sent:

Date & Time results received:

Result: Negative for COVID19 Positive for COVID19

Date & time staff member notified of result:

Method used to notify: Phone call Email Text
Other

Additional comments / actions:

Please note that we need these forms returning by 9.15am each day so we can scope numbers to be tested