**Covid-19 testing – referral form**

This form should be used by managers to refer the following groups for testing:

1. The symptomatic household contacts of well employees who are home-isolating because of that person’s illness
2. Employees who have symptoms of Covid-19, but who may be well enough to return to work.

Individuals to be tested should have either, or both of:

* New persistent cough
* Fever >37.8oC
* loss of, or change in, sense of smell or taste (anosmia)

Any member of staff however should be referred for testing if they report symptoms however, testing in this situation is prioritised to help make decisions about who can return to work and support the provision of essential and key services. Higher priority will be given to staff who can realistically return to work in the event of a negative test.

This is a test only service and does not involve and clinical assessment. Employees who have concerns about their health, or that of household members should refer to <https://www.nhsinform.scot/> or call NHS24 (111).

The test needs to be taken during the first 5 days after the start of the illness, individuals who have been unwell for longer than this should not be referred. If your staff member/their household contact meets these criteria, then please complete this form and submit to occupational.health@inverclyde.gov.uk.

In addition call health and safety to advise that a form has been submitted.

**To complete this referral, you will need to have to hand the following information.**

FORMS SUBMITTED WITH INCORRECT OR INCOMPLETE INFORMATION IN THESE ESSENTIAL FIELDS WILL BE RETURNED WITHOUT AN APPOINTMENT BEING MADE.

Group A:

Testing of symptomatic household contacts of well staff

* For staff member:
	+ Name,
	+ role,
	+ Employee number
* For the household contact:
	+ Date of birth
	+ Date of symptom onset
	+ Mobile phone number (or that of parent/guardian if <16 years)
	+ Email address they can access whilst at home (or that of parent/guardian if <16 years)
	+ Registration number of car in which they will attend for testing

PLEASE NOTE: If there are multiple symptomatic contacts within the household, please make a separate referral for each one.

Group B:

Testing of staff with symptoms of Covid-19

* name,
* role,
* employee number
* Date of birth
* Date of symptom onset
* Mobile phone number
* Email address they can access whilst at home
* Registration number of car in which they will attend for testing

Save form as: Test\_Referral\_Name\_DD\_MM\_YY

* The form should be saved as above with the name of the person to be tested and their date of birth.
* Email form to: occupational.health@inverclyde.gov.uk

**Testing Referral Form**

| **Details of Manager making the referral** |
| --- |
| Name | Click here to enter text. |
| Role | Click here to enter text. |
| Directorate | Choose an item. |
| Service | Choose an item. |
| Section/Team | Click here to enter text. |
| Priority | Choose an item. |
| Further relevant information | Click here to enter text. |
| **Details of individual to be tested** |
| Name of individual to be tested | Click here to enter text. Click here to enter text. |
| Date of birth of individual to be tested | Click here to enter text. |
| Relationship to member of staff | Choose an item. |
| Date of onset of symptoms | Click here to enter a date.  |
| Employee Number | Click here to enter text. |
| *The reliability of coronavirus testing declines after day 5 of symptoms. Referrals made for people who are post day 5 of symptoms will not be appointed for testing.* |
| Mobile phone number for individual to be tested, or their parent/guardian | Click here to enter text.  |
| *Test results will be communicated by text message. For confidentiality reasons, testing results must be sent directly to the individual being tested, except where the person being tested is under 16 years of age. Please ensure the following field is completed with the mobile phone number of the person being tested, unless they are <16 years of age, in which case it should be completed with the mobile phone number of their parent/guardian bringing the patient to the clinic.* |
| Email address for individual to be tested, or their parent/guardian | Click here to enter text.  |
| *Where referrals are appointed for testing, appointment details will be sent by email - please ensure this address is currently accessible to the account holder. For confidentiality reasons, appointments for household members being tested must be sent directly to them (rather than the member of staff), except where the person being tested is under 16 years of age. Please ensure this is completed with the email address of the person being tested, unless they are <16 years of age, in which case it should be completed with the email address of their parent/guardian. Please also only supply one email address.* |
| **Attending for testing**Individuals being tested are asked to attend local testing sites by private car - not by public transport, taxi, or on foot. THIS INFORMATION IS REQUIRED FOR AN APPOINTMENT TO BE MADE. If the individual being tested does not have access to a private vehicle, please enter 'NO CAR' in this box, and a member of the testing team will follow-up with them. |
| Registration number for the car in which the individual will arrive for testing | Click here to enter text. |