**“COVID Extremely Vulnerable” Trainee Assessment Form**

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| **Trainee Details** |
| **Name** |  | **DOB** |  |
| **Division** |  | **Host** |  |
| **Job Title** |  | **Contact Number** |  |
| **Supervisor Details** |
| **Name** |  | **Job Title** |  |
| **Contact Number** |  | **Email Address** |  |
| **Are you symptomatic to COVID 19?** |
| **Yes** |  | Do not complete this form, please -Isolate in line with PHE Guidance. |
| **No** |  | Please proceed with questions below. |
| **SECTION 1** |
|  | **X**(“X” all that apply) |
| **Which of the following applies:** |
| 1. Solid organ transplant recipients.
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| 1. People with specific cancers:
	* people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
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| * + people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
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| * + people having immunotherapy or other continuing antibody treatments for cancer
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| * + people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
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| * people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
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| 1. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
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| 1. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
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| 1. People on immunosuppression therapies sufficient to significantly increase risk of infection.
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| 1. Women who are pregnant (at any stage) with significant heart disease, congenital or acquired.
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| 1. Women who are pregnant over 28 weeks.
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| **Can the staff member undertake work from home for your department / area of work?** |
| **Yes** |  | Host to make arrangements for kit to be sent home with the trainee to work from home. |
| **No** |  | Trainee should be sent home until PHE advice changes.. |
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| **Where a trainee is not able to undertake work for your department / area from home the form will be reviewed with the Training Programme Director regarding whether there is any other work they can undertake within their specialty area from home instead.****All forms should be reviewed periodically by the host organisation as the situation within the host progresses and contact may be made with the trainee regarding operational requirements.** |
| **Please send this form along with BSA Letter to** **leademployer.casemanagment@sthk.nhs.uk** **along with confirmation of your decision to be held on the trainees employment record.** |