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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | |  |
| 1. People with specific cancers:    * people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer | | | | |  |
| * + people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment | | | | |  |
| * + people having immunotherapy or other continuing antibody treatments for cancer | | | | |  |
| * + people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors | | | | |  |
| * people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs | | | | |  |
| 1. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD. | | | | |  |
| 1. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell). | | | | |  |
| 1. People on immunosuppression therapies sufficient to significantly increase risk of infection. | | | | |  |
| 1. Women who are pregnant (at any stage) with significant heart disease, congenital or acquired. | | | | |  |
| 1. Women who are pregnant over 28 weeks. | | | | |  |
|  | | | | | |
| **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.  . | | | |
|  | | | | | |
| **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**](mailto:leademployer.casemanagment@sthk.nhs.uk) **along with confirmation of your decision to be held on the trainees employment record.** | | | | | |