**Employee Self Declaration Form – Coronavirus**

The current health concerns relating to the virus ‘Coronavirus’ requires stringent control and careful management.

In order to support the Headteacher and Governors to safeguard all employees and pupils at school this form has been created to monitor all necessary employee absence from school due to the coronavirus.

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| --- | --- |
| **Name:**  |   |
| **Payroll Number:**  |   |
| **Main Post:**  |   |
| **School:**  |   |
| This form supports the school to apply the appropriate control measures, ensure you are paid appropriately and the necessary and practices are applied to your current situation.     |
| The following categories apply:   * If you have coronavirus symptoms
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| * A member of your household has coronavirus symptom
 |
| * You fall under any of the following ‘At Risk’ categories

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| **Section 1 – Coronavirus symptoms**   |
|  *(Please see list below and tick the appropriate box that applies to your condition)*  |
| **You are showing symptoms of coronavirus?** *NB: If this category applies and you live on your own you should self- isolate for at least 7 days and if the symptoms persist contact 111 online service for advice*  |   |
|  **You are feeling well but someone in your household is showing symptoms of coronavirus?**  *NB if you live in a household where someone is displaying symptoms the whole household should self-isolate for at least 14 days and if the symptoms still persist contact 111 online service for advice*   |   |
|  **You are well (not showing symptoms of the coronavirus) but are in the ‘High Risk’ category?**   |   |
| **Section 2 – Coronavirus ‘High Risk’ Groups (including underlying health conditions)**   |
| *(Please see list below and tick the appropriate box that applies to your condition)*   |
| **Are you aged 70 or older (regardless of medical conditions)**   |   |
| **Are you aged *under 70 years of age* and have an underlying health condition listed below, i.e. anyone instructed to get a flu jab as an adult each year on medical grounds:** * Chronic ( long term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
* chronic heart disease, such as heart failure
* chronic kidney disease
* chronic liver disease, such as hepatitis
* chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* diabetes
* problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
* a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
* being seriously overweight (a body mass index (BMI) of 40 or above

  |   |
| **Are you pregnant?**   |   |
| **Section 3 – Coronavirus High Risk’ Groups (including clinical conditions)**   |
| *(Please see list below and tick the appropriate box that applies to your condition)*   |
| * You have received an organ transplant and remain on ongoing immunosuppression medication?

 * You have cancer and are undergoing active chemotherapy and/or radiotherapy?

 * You have cancers of the blood or bone marrow such as leukaemia and are at any stage of treatment?

 * You have severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)?

 * Do you have severe diseases of body systems, such as severe kidney disease (dialysis)?

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| **Section 4 – Social Distancing**   |
| *(Please tick the appropriate box if social distancing applies)*   |
|  Are you well with no symptoms of the coronavirus and not classed within the ‘at risk’ category but are choosing to follow ‘social distancing’?    |   |
| *(Please use this box to explain the reasons for your decision)*              **NB it is not automatic that you will be paid normal pay, if you are a key worker with no symptoms and no underlying conditions but not attending school.**  |
| **Section 5 – Declaration**   |
|  **In signing this form, I confirm that the information provided is true to the best of my knowledge and that:**   |
| ***I understand that I must notify my headteacher immediately if my situation changes and to follow the absence reporting procedures in line with the Schools Management of Attendance Capability Policy and Procedure.***   |
| **Employee Signature:**   |    |
| **Print Name:**   |   |
| **Date:**   |   |