

**Coronavirus Self-Isolation Form**

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| Staff Name: |  |
| Date Start Self-Isolation |  |
| Date End Self-Isolation |  |
| Travel Destination:  (If applicable) |  |
| Date of Travel (Start and End Date): |  |
| Have you called NHS 111?  If Yes, please provide details of any advice you have received: |  |
| Have you been tested for Covid-19?  If yes, was the result Positive or Negative? |  |
| If you have tested positive, do you consent to HR sharing this information with other members of staff, which whom you have come into contact? |  |
| Please provide details of symptoms you may be experiencing as well as the date they started: |  |
| Have you returned to work since having been exposed to the virus? |  |
| If you have returned to work since being abroad, experiencing symptoms or having exposure to virus. Please provide details of the building you work in as well as other buildings you may have visited:  If answer is NO, please put N/A | Building you work in:  Other Buildings visited: |
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