

Staff Coronavirus Questionnaire (rev B)

This is voluntary, but the aim is to help us assess each person's risk with an objective to support all our staff in the best way possible.

Name:

Age:

1. Who do you live with?
 - a. –
 - b. –
 - c. –
 - d. –
 - e. –
 - f. –

2. Are you or any of the people you live with at high risk?

	You	Others
a. People over 70	Yes/No	Yes/No
b. People who have been advised to have a flu jab	Yes/No	Yes/No
c. Pregnant	Yes/No	Yes/No
d. Another reason for concern – please state:		

3. Do you have children of school age? Yes/No

4. If so, what are their ages?
 - a. Child 1 –
 - b. Child 2 –
 - c. Child 3 –

5. Do you have any symptoms of Coronavirus
 - a. High Temperature (>37.8 degrees C) Yes/No
 - b. Consistent dry cough Yes/No

6. Does anyone you live with have symptoms, or is currently self-isolating Yes/No

7. Have you or anyone you lived with travelled abroad in the last 4 weeks Yes/No

8. If Yes, what countries did you/they visit
 - a. –
 - b. –
 - c. –
 - d. –
 - e. –
 - f. –

9. How could you facilitate working from home?