

CCTS Coronavirus Screening Assessment

Trainer/assessor

This document is compliant with the General Data Protection Regulations (GDPR). The information is required to ensure we comply with our legal obligations in relation to health & safety. The information will be used for statistical, preventative, or investigation purposes and may be shared with our insurers and their representatives, or the relevant Health and Safety regulatory bodies if required.

Name:	Course	Start Date:
Contact no:	Date of birth:	Employer:

Complete all parts by ticking the boxes below and providing more details where required. Note that any medical information you provide will remain confidential.
Refusal to complete this questionnaire will result in exclusion from the Centre.

	W/C:-	Yes	no	Notes:
1.	Have you had symptoms of Coronavirus within the past 10 days? (Y / N)			<i>If yes – Delegate not permitted in Centre.</i>
2.	Has any of those you share a house with had symptoms of Coronavirus within the last 14 days? (Y / N)			<i>If yes – Deleagte not permitted in Centre.</i>
3.	Have you been in close contact with anyone who has been tested and confirmed as having Covid-19 within the last 14 days? (Y / N)			<i>If yes – Delegate not permitted in Centre.</i>
4.	Does anyone you share a house with meet the government definition as being within the “high risk group”. [e.g. Over 70, have underlying health conditions or pregnant?] (Y / N)			<i>If yes - Further Risk assessment shall be carried out before any training or assessment which may breech the 2m distancing rule. Additional PPE may be required as per Risk Assessment.</i>
5.	Have you travelled outside UK within the last 14 days to any country, including the Republic of Ireland? (Y / N)			<i>*Include dates and locations</i>
6.	Have you worked on any non-company site within the last 14 days? (Y / N)			<i>*Include dates and locations</i>
7.	Are you on any temperature reducing or cough controlling medication? (Y / N)			<i>If yes – operative not permitted in Centre.</i>

9	Does the individual have any signs of high temperature/ fever? (Insert temperature reading or 'NO' if self-declared).			<i>If temp is 38°C or above, or Delegate is hot when they touch their own chest or back, then they are not permitted in Centre. (NHS guidance)</i>
10	Do you or any of your household have any underlying health conditions, clinical conditions or conditions of concern (see below)? (Y / N)			<i>If yes - Further Risk assessment shall be carried out before any training or assessment which may breach the 2m distancing rule. Additional PPE may be required as per Risk Assessment.</i>

Please read and sign the following declarations:

I declare that the information I have provided is, to the best of my knowledge and belief, true, complete and accurate.

I also understand that if it is subsequently shown that I have provided misleading or false information, or knowingly withheld medication information, I may be committing an offence.

In line with Data Protection legislation, I consent to my personal medical details contained in this questionnaire and any subsequent related clarification, test results, or findings of further medical examinations, being passed to professional medically qualified Occupational Health Providers appointed by the Company for the purpose of receiving relevant advice in relation to safeguarding the health, safety and welfare of myself or anyone else who could be affected by my actions, in order to comply with its obligations under appropriate health and safety legislation.

Print Name: Signature: Date:

As at 3rd April 2020, underlying health conditions and other conditions of concern include:-

- 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)
- those who are pregnant

Clinical conditions include:-

- people who have received an organ transplant and remain on ongoing immunosuppression medication
- people with cancer who are undergoing active chemotherapy or radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
- people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- people with severe diseases of body systems, such as severe kidney disease (dialysis)