



COVID19 Staff Risk Assessment – Panel Referral Form: for cases where staff concern relates to underlying condition / vulnerability of household member

Name of employee:	
Role:	

For risk assessment where concern relates to underlying condition / vulnerability of household member	
What is the underlying condition / vulnerability of household member?	
What is the age of household member?	
What is the current status of underlying condition / vulnerability?	
What is the level of dependency on employee of the household member?	
What care arrangements and practical arrangements are in place?	
Has the household member had Government letter for shielding?	
Can staff member be accommodated outside household?	

Employee Signature

CEO / Principal Signature

Date

Date