****

**NHS Greater Glasgow and Clyde**

**COVID-19 - Isolation Exemption**

|  |  |
| --- | --- |
| **Name of Staff Member** |  |
| **Payroll Number** |  |
| **Department** |  |
| **Location** |  |
| **Date Identified as Close Contact** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Checklist Question** | **Please ✓** | | | |
| The staff member is fully vaccinated, defined as at least two weeks (14 days) post a MHRA, EMA or FDA approved vaccine at point of exposure. | Yes |  | No |  |
| The staff member has had their COVID-19 booster vaccination. | Yes |  | No |  |
| Date of last vaccination? |  | | | |
| Has the staff member provided evidence from their Government Portal? | Yes |  | No |  |
| The staff member is asymptomatic and ensure remains so. | Yes |  | No |  |
| The staff member has undertaken a PCR testing and the result is negative | Yes |  | No |  |
| Date of PCR test? |  | | | |
| Has the staff member provided evidence to confirm outcome of test? | Yes |  | No |  |
| Ensure that the staff member has a negative LFD result prior to starting work each day up until day 10 following the day of the last exposure. | Yes |  | No |  |
| Ensure that staff member ensures all negative test results are reported to their line manager, as well as logging them [through the NSS portal](http://www.covidtestingportal.scot/). | Yes |  | No |  |
| Ensure that the staff member continues to adhere with infection prevention and control (IPC) and relevant personal protective equipment (PPE). | Yes |  | No |  |
| If the staff member normally works with immunosuppressed patients, can they be temporarily redeployed? | Yes |  | No |  |

**If answered No to any of the above questions then the staff member is required to isolate for 10 days.**

The principles of this Scottish Government guidance is to ensure:

* Staff who wish to return to work, do so voluntarily.
* Meet the criteria as demonstrated above.
* Risk assessments have been undertaken and reflect the criteria as above.

**Authorised by Head of Human Resources:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Printed Name** |  |
| **Date** |  |