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| **COVID – 19 Referral form**  April 2023 version | **Staff requiring contact from EEAST Covid T&T team** |
| **Refer all staff reporting on GRS with cough/cold/flu/influenza symptoms**  **Refer all staff with COVID symptoms AND staff with COVID Positive LFT.** | |
| Staff Member affected |  |
| ESR Number |  |
| Base Station and location |  |
| Reason for Referral (tick those that apply)  **Symptomatic [ ] Positive LFT [ ] GRS Cough/Cold/Flu [ ]** | |
| Staff contact number |  |
| Staffs email address |  |
| Name of Manager completing this form |  |
| Date Completed and sent to covid leads |  |

**Once completed, this form is to be scanned or emailed to** [**EEASTCovidLeads@eastamb.nhs.uk**](mailto:EEASTCovidLeads@eastamb.nhs.uk) **– any paper records are to be placed in confidential waste**