|  |  |  |
| --- | --- | --- |
| University Hospital Dorst NHSFT CMYK Blue | | |
| **Name (Please print)** | | **Date of birth** |
| **Prospective Volunteer Covid Age Health Risk Assessment** | | |
| **Calculate your ‘COVID AGE’ by completing the questionnaire by clicking the link below:**  <https://alama.shinyapps.io/Covid_Age/>  **When you have completed the questionnaire please send/scan a screenshot/photo of age to:**  [Proudto.volunteer@uhd.nhs.uk](mailto:Proudto.volunteer@uhd.nhs.uk)  **Use your ‘COVID AGE’ to establish your Clinical Vulnerability Band using the table below:**   |  |  | | --- | --- | | **COVID AGE** | **CLINICAL VULNERABILITY BAND** | | **85 and above** | **VERY HIGH** | | **70-84** | **HIGH** | | **50-69** | **INCREASED / MODERATE** | | **Under 50** | **LOW/STANDARD** |   **Adjust your clinical vulnerability by decreasing one band if you have**   * previously tested positive for COVID infection, or * have received **both** doses of COVID vaccine   For example if your **COVID AGE** indicates **HIGH** Clinical Vulnerability Band, and you have had both doses of vaccine, decrease your band to **INCREASED/MODERATE** Clinical Vulnerability Band.  **IMPORTANT NOTE**  If you are prescribed immunosuppression medication or have an immunosuppressive condition, please contact Voluntary Services who will seek advice from Occupational Health for advice on your personal risk.  Please be aware:  **If there is a local COVID outbreak in the community and infections are high we may have to take the decision to stand down those volunteers who score high and are classified as vulnerable.** | | |
| **Please complete:**  Covid Age Score: | Clinical Vulnerability Band (Please circle):  Red Orange Yellow Green |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Additional health question** | | | **Yes** | | **No** | |
| Do you have any health conditions not listed above?  If yes, please note below: | | |  | |  | |
| **Immunisation status** | | | | | | |
| This section should be completed by all staff working in a clinical area or involved in  patient care. Please ensure that ALL questions are answered and pathology/vaccination documentation is included to prevent any delay in you being cleared for your work role**.**  **Pathology reports and GP printouts/details from occupational health departments are all**  **acceptable but they MUST include all listed below. If you are unable to provide all the information requested you may need to attend the department to have these done** | | | | | | |
| **Immunisation/test** | **Yes** | **No** | | **Date** | | **Result** |
| Do you have documented history of 2 MMR vaccinations?  If Yes:  MMR 1st dose  MMR 2nd dose  Or  Do you have a pathology report showing immunity to measles and rubella?  Have you ever had chickenpox or shingles?  If YES, was it while living in UK?  If no, which country were you living in? |            |        | |  | |  |

Please return this form along with the completed application form to:

[Proudto.volunteer@uhd.nhs.uk](mailto:Proudto.volunteer@uhd.nhs.uk)

or post to:

**Confidential**

Voluntary Services Office (CO9)

UHD NHS Foundation Trust

Royal Bournemouth Hospital Site

Castle Lane East

Bournemouth

BH7 7DW