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| --- |
| 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**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 doseMMR 2nd doseOrDo 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

or post to:

**Confidential**

Voluntary Services Office (CO9)

UHD NHS Foundation Trust

Royal Bournemouth Hospital Site

Castle Lane East

Bournemouth

BH7 7DW