

COVID-19 Throat and Nose Testing

Employee Consent Form



As the coronavirus (COVID-19) pandemic continues, we want to ensure that you are aware of what steps we are taking to protect both you as an employee as well as our service users. To prevent the spread of COVID-19, please ensure that you follow the Government guidance listed below:

- **Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze**
- **Throw all used tissues in the bin right away and wash your hands immediately after handling used tissues**
- **Avoid touching your eyes, nose, or mouth**
- **Avoid close contact with people who have symptoms of COVID-19**
- **Clean and disinfect frequently touched objects and surfaces**
- **Do not leave your house if you are unwell**

We will continue to follow all Government and Regulatory guidance including, but not limited to, Public Health England, NHS, HSE and the CQC, to protect employees and service users during this time. I understand that the symptoms listed below are representative of COVID-19:

- **Fever**
- **New or Continuous Cough**
- **Loss of Smell or Taste**

Employee Statement	Yes	No	Initials
I confirm that if I display any of these symptoms, I will not come into work.	<input type="checkbox"/>	<input type="checkbox"/>	
I confirm that if I display any of these symptoms whilst at work, I will be sent home.	<input type="checkbox"/>	<input type="checkbox"/>	
I confirm, to the best of my knowledge, that I have not had close contact with an individual confirmed or suspected of having COVID-19 in the past 14 days.	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that close contact can occur from being within approximately 2 metres of someone with COVID-19 for a prolonged period, or by having direct contact with infectious secretions from someone with COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	
I have previously had Coronavirus (COVID-19).	<input type="checkbox"/>	<input type="checkbox"/>	
Someone in my household has had Coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>	
I have been tested for Coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>	



COVID-19 Throat and Nose Swabbing

The Government is rolling out testing for anyone who has symptoms of COVID-19. They are also prioritising essential workers and residents in care homes. Staff in Care Homes and Residents can apply for testing whether they have symptoms or not. More information can be found [here](#).

To ensure the safety and wellbeing of our employees and service users, we want to ensure that we reduce the risk of the virus. COVID-19 does not affect everyone in the same way and therefore some people may not always have the symptoms described above. We therefore seek your consent to undertake a nose and throat swab test following Government guidelines and procedures.

We will ensure that we retain any personal sensitive information in relation to your health, including COVID-19 swab testing results in line with our policy on Data Protection. Your result will be sent to you (along with information about next steps), and not to the manager of the service. We request that you share your result with your manager, but you do not have to.

Consent

I, _____ (the employee), consent to having a Coronavirus Throat and Nose Swab test if requested by the Employer.

Employee Name: _____

Employee Signature: _____

Date: _____

For Employer's Use

Employee Signature: _____

Date: _____

	Yes	No	Date	
Employee given Privacy Notice	<input type="checkbox"/>	<input type="checkbox"/>		
Nose and Throat Swab Taken	<input type="checkbox"/>	<input type="checkbox"/>		
Results Provided	<input type="checkbox"/>	<input type="checkbox"/>		
Outcome of Results (circle)	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>		Unclear <input type="checkbox"/>
				Borderline <input type="checkbox"/>
				Void <input type="checkbox"/>
				Inconclusive <input type="checkbox"/>