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| **UNIVERSITY COLLEGE DUBLIN**  **HIGH RISK/VERY HIGH-RISK GROUPS**  **EMPLOYEE DETAILS AND MEDICAL REPORT FROM TREATING CONSULTANT / GP**  **COVID 19 RISK ASSESSMENT** |  |
| **Form to be completed by Employee AND Treating Consultant/GP and returned to**  **Line Manager or HR Partner** |
| **Section 1: To be completed by Employee**   |  |  | | --- | --- | | **Employer Name:** | University College Dublin | | **School/Unit** |  | | **Address:** |  | | **Employee’s Place of Employment:** |  |  |  |  | | --- | --- | | **OHS Provider’s Name:** | Corporate Health Ireland (CHI) | | **Address:** | 0-11 Exchange Pl, International Financial Services Centre, Dublin 1, D01 N4X6 |  |  |  | | --- | --- | | **Employee/Patient Name:** |  | | **Personnel Number:** |  | | **Date of Birth:** |  | | **Home Address:** |  |   The above-named employee of University College Dublin has indicated that he/she may fall into the High Risk/Very High-Risk Group as defined by current HSE guidelines. Under the terms of letter Coronavirus (COVID-19): Arrangements for all Public Service employees, dated the 11th August 2020”, the employee is required to furnish the employer’s OHS provider with a report from his/her treating consultant with specific information regarding the employee’s underlying medical condition(s).    The cost of compilation of all such reports is the responsibility of the employee.    **Section 2: To be completed by Treating Consultant/GP**  **You are requested to complete this form and return it to your patient (details supplied above) for onward submission to the employer’s OHS provider.**   |  |  | | --- | --- | | **Consultant/GP Name:** |  | | **Consultant Speciality:** |  | | **Exact diagnosis:** |  | | **Current treatment, including strengths and dosages:** |  | | **Additional medical conditions or complications:** |  | | **Comments if any:** |  | | **Consultant / GP Signature:** |  | | **Date:** |  | | **Consultant /GP stamp:** |  | |  |