|  |  |
| --- | --- |
| **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:** |  |

 |  |