**Your details:**

|  |  |
| --- | --- |
| Your name: |  |
| Your role in College: | Non-academic staff  Academic staff |
| Name of Line Manager / Tutor: |  |
| Date you were last in College: | / / |

**Details of symptoms:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Whose COVID-19 symptoms: | Your own  Someone else in your household | | | |
| Dates of your self-isolation | From | / / | To | / / |
| Have you been tested for COVID-19? |  | | | |
| Date of test | / / | | | |
| Have you tested positive for COVID-19? |  | | | |

**Any notes:**