**Cambridgeshire County Council / Peterborough City Council**

**Absence Notification Form – COVID19**

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| Please can you complete this form to ensure records are accurate and so that we can understand the support you may require at this time. This information will be treated as confidential and should be passed through to your school office. Thank you. | | |
| **Please answer the following questions** | **Your response** | **Please provide the following evidence, when it is safe and feasibly possible to do so (photos and scanned documents are acceptable)** |
| 1. What is the reason for your absence from work? If your absence is not linked to COVID-19, you need not answer the following questions |  | Self certification (up to 5 working days)  Sick/Fit note from your GP  We hope you are soon feeling much better |
| 1. Are you self-isolating due to COVID-19? You are required to stay at home for the agreed period (7 or 14 days) | YES/NO | Please provide a self isolation note via the online process which can be accessed at <https://111.nhs.uk/isolation-note/> |
| 1. Are you currently unwell and not able to work due to COVID 19? | YES/NO | Please provide a self isolation note via the online process which can be accessed at <https://111.nhs.uk/isolation-note/>  We hope you are soon feeling much better |
| 1. Have you been been advised to be particularly stringent regarding social distancing because you have one or more of the following underlying health conditions?  * aged 70 or older (regardless of medical conditions) * under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):   + chronic (long-term) respiratory diseases, such as [asthma](https://www.nhs.uk/conditions/asthma/), [chronic obstructive pulmonary disease (COPD)](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/), emphysema or [bronchitis](https://www.nhs.uk/conditions/bronchitis/)   + chronic heart disease, such as [heart failure](https://www.nhs.uk/conditions/heart-failure/)   + [chronic kidney disease](https://www.nhs.uk/conditions/kidney-disease/)   + chronic liver disease, such as [hepatitis](https://www.nhs.uk/conditions/hepatitis/)   + chronic neurological conditions, such as [Parkinson’s disease](https://www.nhs.uk/conditions/parkinsons-disease/), [motor neurone disease](https://www.nhs.uk/conditions/motor-neurone-disease/), [multiple sclerosis (MS)](https://www.nhs.uk/conditions/multiple-sclerosis/), a learning disability or cerebral palsy   + [diabetes](https://www.nhs.uk/conditions/diabetes/)   + problems with your spleen – for example, [sickle cell](https://www.nhs.uk/conditions/sickle-cell-disease/) disease or if you have had your spleen removed   + a weakened immune system as the result of conditions such as [HIV and AIDS](https://www.nhs.uk/conditions/hiv-and-aids/), or medicines such as [steroid tablets](https://www.nhs.uk/conditions/steroids/) or [chemotherapy](https://www.nhs.uk/conditions/chemotherapy/)   + being seriously overweight (a body mass index (BMI) of 40 or above) * those who are pregnant | YES/NO | You may have received a text message or letter from the NHS  You may have been advised by your medical practitioner to work from home, where possible  EPM have advised colleagues with asthma that is well controlled, but may not be deemed as ‘chronic’ to seek advice from their GP. [www.asthma.org.uk](http://www.asthma.org.uk) also has more information  Please ensure you have had a discussion with your line manager to see how you can be supported. |
| 5. Have you been advised to be shielding because you have one or more of the following complex health conditions?   * people who have received an organ transplant and remain on ongoing immunosuppression medication * people with cancer who are undergoing active chemotherapy or radiotherapy * people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment * people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets) * people with severe diseases of body systems, such as severe kidney disease (dialysis) | YES/NO | You will have received a letter from the NHS with advice about the more stringent measures you should take in order to keep yourself safe. You must stay at home and not come to work. |
| 6. Do you wish to request dependent care leave to support a member of your immediate family who is exceptionally vulnerable (as outlined in Q5) | YES/NO |  |
| 7. Are you available to work from home and in contact with your line manager? | YES/NO |  |
| 1. If you are self-isolating, when do you anticipate being able to return to work? | Please add date |  |

I can confirm that I believe the information contained above to be true at the date of completion of the form.

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| Name: | Signed: |
| Date: | Usual place of work: |