**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:**