

# COVID-19/CORONAVIRUS - SELF DECLARATION FORM

**Please use this form if you are absent from work as a result of:**

1. Having any form of COVID-19/Coronavirus sickness symptoms
2. Having tested positive for COVID-19/Coronavirus

 **By completing this form, staff with symptoms or diagnosed with Coronavirus, will not be required to complete the normal college sickness form.**

 **Please complete in block capitals**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Staff no. |  |
| Department |  |
| Department Section |  |
| Line Manager |  |

#

|  |  |  |  |
| --- | --- | --- | --- |
| Date of First Day of Absence |  | Anticipated Last Day of Absence |  |
| Anticipated Return to Work Date |  | No. of days/weeks absence |  |

#  DETAILS

|  |
| --- |
| I am required to self-isolate for the following reason: |
| [ ]  I have tested positive for COVID-19 [ ]  I have symptoms of coronavirus illness (COVID-19), - i.e.: a new persistent cough and/or high temperature, so I am required to isolate for **7 days** |

|  |
| --- |
| **DECLARATION**I declare that the information I have provided above is factually correct. I understand that to give false or misleading information can result in disciplinary proceedings. |
| Signature |  | Date |  |
| Line Manager’s Signature |  | Date |  |

 Please return the completed form to Human Resources. hr@rvc.ac.uk