

COVID-19 Visitor Risk Assessment

Name of person/companion visiting:	Telephone number:
Patient name:	Visitor date of birth:

	Please answer the following questions	Yes	No
	Risk to others		
1	Are you currently experiencing any signs or symptoms of COVID-19 (a high temperature, a new, continuous cough and a loss or change to your sense of smell or taste) or have you experienced any in the last ten days?		
2	Have you or anyone you have had contact with returned from a country on the UK travel ban list in the last 14 days? You can check which countries are included on the list by visiting: gov.uk/coronavirus .		
3	Have you or anyone you have come into contact with been infected with one of the variant strains of COVID-19, such as that which originated in Kent, Bristol or South Africa?		
4	Within the last ten days, have you been advised to self-isolate after receiving a positive COVID-19 result yourself?		
5	Within the last ten days, have you been advised to self-isolate due to coming into contact with someone who has tested positive for COVID-19?		
6	Do you live with any person who would be defined as clinically vulnerable?		
	Risk to you		
7	Do you have any medical issues which may mean you are at a higher risk of contracting COVID-19? Please visit gov.uk/coronavirus for full details about which conditions may mean you are at a higher risk of contracting COVID-19.		

As per UK Government guidance, we strongly advise visitors to complete a rapid lateral flow test before they visit their loved one and to complete this test twice a week whilst their loved one is staying in the hospital.

Please tick the box below to confirm that you have completed a rapid lateral flow test at least 48 hours before your visit and that the result was negative.

I have completed a rapid lateral flow test in the last 48 hours and the result was negative:

Thank you for completing the risk assessment. Please bring the completed form with you to your visit and hand it to the nurse at the ward when you arrive.

Processing and storing your data

The trust will securely store this Visitor Risk Assessment in accordance with the requirements of UK legislation and the retention schedules outlined in the Records Management Code of Practice for Health and Social Care. When we do so, we are processing your Personal Data in the public interest as per UK GDPR Article 6(1)e. We will only process your Personal Data where it is necessary to do so and your details will not be shared outside of the trust unless we are required to do so by law. For more information on how the trust processes your Personal Data, please see the trust Privacy Notice available at: www.enherts-tr.nhs.uk/help/privacy-data-protection/

The sections below will be completed by hospital staff before you are taken to see your loved one.

Answers received:	Tick relevant box:
<p>'No' responses to all above questions:</p> <p>The agreed visit can go ahead. Please ensure the visitor has been provided with all relevant PPE and information.</p>	
<p>'Yes' responses to one or all of the above questions:</p> <p>If you have answered 'yes' on questions 1-6 we will arrange a virtual visit for you. Unfortunately a face-to-face visit will not be possible. If you answer yes to question 7 we strongly advise you not to visit the hospital and encourage you to arrange a virtual visit.</p>	