|  |  |
| --- | --- |
| Key Worker Name: |  |
| Address: |  |
| DOB: |  |
| NHS number (if known): |  |
| Referring organisation/place of work: |  |
| Line Manager name and contact details: |  |
| GP Practice: |  |

**COPELAND RED CENTRE**

**CARE SECTOR KEY WORKER COVID 19 TESTING REFERRAL FORM**

Reason for referral: please tick one of the options below

You are a Key worker self-isolating because you are displaying symptoms which have started within the last 3-5 days - key worker **eligible** to take test.

You are a key-worker self-isolating because someone else in your household is displaying symptoms which have started within the last 3 – 5 days, and that person is 5 or over then **they are eligible to take the test** - not you. In this instance all adult household members may be eligible for testing.

If you are self-isolating but neither a member of your household or you are displaying symptoms then you are not eligible

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Please email this form to: [**CUCCG.COPELANDREDCENTRE@NHS.NET**](mailto:CUCCG.COPELANDREDCENTRE@NHS.NET)

Your key-worker will be contacted directly by the red centre to arrange a time for their test.

**PLEASE ENSURE YOU INCLUDE THEIR MOBILE NUMBER**

The red centre is based at Flatt Walks Health Centre, 3 Castle Meadows, Whitehaven CA28 7QE