## Referral for Covid-19 Testing for Health and Social Care Staff in NHS Forth Valley

**Once complete please send to** [fv-uhb.covidtestingadminhub@nhs.net](mailto:fv-uhb.covidtestingadminhub@nhs.net)

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| **Details of Referral** | |
| **Referring Employer:** | **Referral Date:** |
| **Details of individual to be tested** | |
| **Name:** | |
| **Date of birth:** | **CHI number (if known):** |
| **Address:**  **Postcode:** | **Contact telephone number:** |
| **Email address:** | |
| **GP Name and Address:** | **GP phone number:** |
| **Date of symptom onset:** | |
| **Summary of symptoms:** | |
| **Is the individual referred for testing a key worker?** YES □ NO □  If yes, please complete job title:  **Is the individual referred for testing a household contact of a key worker?** YES □ NO □ If yes, please complete details of key worker.  Name:  Job title: | |
| **Details for Testing Centre** | |
| **Preferred location for testing:** Grangemouth □ Falkirk □ Stirling **□** | |
| **Car Registration:** | **Individual for testing will be:**  Driver **□**   Passenger **□** |

Once the referral has been processed, the individual referred for testing will be contacted by telephone with details of their allocated appointment.