## 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

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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.