

Community Transport Providers: COVID-19 Self-identification and self- assessment of underlying health issues/risks

Purpose of self-identification and self-assessment

This self-assessment can assist you in identifying any underlying health issues that may need a more detailed assessment to be undertaken to inform whether workplace/community volunteer restrictions or modifications are necessary to protect you and those you work with or provide transport services for.

Why should you do a self-assessment?

Coronavirus (COVID-19) is part of a large and diverse family of viruses that cause illnesses such as the common cold. In January a new or novel coronavirus was identified in humans; none of us having immunity to that virus. It is now been classified as a pandemic by the World Health Organisation.

Although most individuals will only suffer from mild to moderate symptoms; we know that some medical conditions are linked to more serious illness.

Now that we are moving to Level 2 on the national COVID-19 Alert System, we urgently need to identify individuals who may be vulnerable to the effects from COVID-19 so we can identify any workplace/community volunteer restrictions or modifications required.

Given the urgency of the situation, we are asking staff/volunteers to **self-identify** and **self-assess** their own underlying health issues.

Underlying Health Conditions

The following medical issues have been linked with increased risk from COVID-19 (Circle):

- Heart disease
- Lung disease
- Diabetes
- Cerebrovascular disease
- Conditions causing immunocompromised states

- Individuals on immunosuppressant medications¹
- Liver or kidney disease
- Cancer
- Pregnancy

If you have a condition or think you may have a medical condition that may make you vulnerable to COVID-19, your employer/community organisation needs to be made aware as soon as possible.

Assessment

Please complete the following details:

Name	
Date of Birth	
Contact Mobile	
Phone	
Contact Email	

If you answer yes to either of the below questions, please talk to your community organisation manager.

I believe that I have a condition that may make me vulnerable to the effects of COVID-19.
YES/NO

I am over the age of 70
YES/NO

Actions agreed as a result of assessment

Please complete this form, scan and email/give it to your manager

Date: _____

Name: _____

Signature: _____

Manager: _____

Date: _____

¹ Including long term treatment with steroids/prednisolone