[LIEN VERS LA VERSION FRANCAISE](https://rm.coe.int/1680a542ea)

**COVID TRACING SHEET**

**CONFIRMED CASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration date** |  | **Date of end of isolation on telework**: |  |
|  |  | **(Filled in by M. Service)** |  |

***SECTION BELOW TO BE FILLED IN BY THE AGENT***

*Tick the box(es) that apply*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | | **First name:** | |  |
|  | |  | |  | | |
| Date of birth: | |  | | Age : |  | |
|  | |  | |  | | |
| Personal phone number: | | |  | | | |
| (mobile) | |  | |  | | |

***PROFESSIONAL INFORMATION***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **HEADQUARTERS** | | | | | | |  |  | |  |  |
|  |  | | | | | | |  |  | |  |  |
| Building: | |  | | | | Entity: |  | | | Department: | |  |
|  |  | | | | | | |  |  | |  |  |
|  | **FIELD OFFICE** | | | | Place of work: | |  | | | | | |
|  |  | | | | | | |  |  | |  |  |
|  | Office no.: | |  | | | | |  | Individual office | |  | Office/Shared space |
|  |  | | | | | | |  |  | |  |  |
|  | Manager (N+1): | | |  | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  | Your job allows you to telework | |
|  |  | |
|  | Your job does not allow you to telework | |
|  |  | |
|  | On sick leave until: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |
| **Vulnerability to Covid 19** | | |  | NO |  | YES |
|  | | |  |  |  |  |
|  |  |  | | Specify: |  | ☞ |

|  |
| --- |
| ***DESCRIPTION OF THE SITUATION*** |
| *Describe your situation in a few words*: |

|  |
| --- |
| ***SYMPTOMS*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NO** |  |  |  |  |
|  |  |  |  |  |  |
|  | **YES** | Date of onset of symptoms: |  |  | **SYMPTOMS** |
|  |  |  |  | ☞ |
|  |  |  |  |  | ☞ |
|  |  |  |  |  | ☞ |
|  |  |  |  |  | ☞ |
|  |  |  |  |  | ☞ |

***YOUR TESTS***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **TESTS** (Tick the type of test done) | | | **Scheduled for** | **Completed on** | **Results** |
| No. | Autotest | Antigenic | RT-PCR |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

***SECTION BELOW RESERVED FOR THE MEDICAL SERVICE***

***REQUEST FOR INDIVIDUAL OFFICE or TELEWORK***

|  |  |  |
| --- | --- | --- |
|  | Individual office requested on: |  |
|  |  |  |
|  | Telework requested on: |  |
|  |  |  |

***FOLLOW UP***

|  |  |
| --- | --- |
| **Date** |  |
|  |  |
|  |  |