[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** |  |
|  |  |
|  |  |