**RECORD OF LATERAL FLOW TESTING**

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| **Date** | **Details of Person**  **Undertaking the Test** | **Symptoms of Covid Checked**  **See below (1)** | **Temperature Checked**  **and Recorded** | **Correct PPE Worn and Advised of PPE Process**  **and Social Distancing**  **See below (2)** | **Explain The LFT Testing Process**  **See below (3)** | **Consent Signed**  **I Consent to the Sharing of My Personal Data Relating to the Logging of my Lateral Flow Test with external bodies.** |
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| **Links;**   1. <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/> 2. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931616/How_to_work_safely_in_care_homes_v8_2_11_2020.pdf> 3. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947786/Care_Home_Testing_Guidance_England_v23-12_-_1.pdf> | | | | | | |