

COVID-19 Risk Assessment Form

Name		Surname	
ID No.		Occupation	
Site		Date	
Company			

I, the above-mentioned employee, hereby declare that I am currently experiencing the following symptoms:

Symptoms	(✓)	Number of Days
Fever		
Chills		
Cough		
Shortness of Breath or difficulty in breathing		
General body malaise		
Headache		
Diarrhoea		

AND

History of Travel	(✓)
In the 14 days prior to onset of infection, I was in contact with a person who had a confirmed or probable case of COVID-19.	
In the 14 days prior to onset of infection, I had travelled to a designated high-risk area with reported cases of COVID-19 e.g. Mainland China, South Korea, Singapore, Japan, Iran, Hong Kong, Italy, Taiwan, UK, USA, Vietnam, Spain etc.	
In the 14 days prior to onset of infection, I worked in or attended a healthcare facility where patients with coronavirus (COVID-19) were being treated.	

Confirmation of Risk Assessment and associated outcomes (✓)	YES	NO
I received consent & counselling re. Risk assessment		
I am a Person Under Investigation (PUI)		
I am aware of the compulsory declaration to HR		
I received a referral to a relevant Medical Team		
I understand the need for Contact Tracking		
I understand that my belongings will be safely contained by the employer		

*A person presenting with at least 1 symptom and has also selected 1 from the travel list, consider the case to be a suspect and therefore Person Under Investigation (PUI). According to the NDOH, A PUI requires a referral to the relevant Medical Facility and disclose this form to the HR department.

Document completed by: (Name and signature): _____

Employee's Signature: _____

References.

* SOP for Preparedness, Detection, and Response to a Coronavirus (2019-NCOV) outbreak in SA; Communicable Diseases, 30 January 2020