



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

**COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE
(To be completed by employer)**

EMPLOYEE DETAILS													
Name						Surname							
ID Number						Nationality							
Contact Number						Email							
Occupation													
Next of Kin						Contact Number							
EMPLOYER DETAILS													
Name of Employer													
Industry/Sector						Province							
						GP NW LP MP FS KZN NC EC WC							
Contact person						Responsibility							
Contact Number						Email							
EXPOSURE HISTORY													
Has the Employee travelled to any high risk countries/areas? /										Yes	No		
If Yes, Area Travelled To										Date Travelled			
Length of Stay						Reason for Travel							
If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace										Yes	No		
If Yes, Date of Contact						Contact Reported?						Yes	No
Period of Exposure						Total Confirmed Cases in Workplace							
Cases on quarantine in area of work													
State the periods the employee was off-duty or performing light duty				From (DD/MM/YYYY)			To (DD/MM/YYYY)			Advances/Salary paid during these periods			
Periods Off-duty													
Periods Performing Light Duty													





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MEDICAL HISTORY

Does the employee suffer from any pre-existing medical conditions?	Yes	No
Has the employee been diagnosed with any other occupational disease?	Yes	No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition	
Pregnancy (trimester: _____)	Post-partum (< 6 weeks)
Cardiovascular disease, including hypertension	Immunodeficiency, including HIV
Diabetes	Renal disease
Liver disease	Chronic lung disease
Chronic neurological or neuromuscular disease	Malignancy
Other(s), please specify:	

Medical Condition	Year of Diagnosis				On Treatment?	
Pre-existing conditions:					Yes	No
Occupational diseases:					Yes	No

Name	Signature	Date

