



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									