



CONFIRMATION OF AN EMPLOYEE WHO IS VULNERABLE TO COVID-19 FORM

Template Identifier	240-43921804	Rev	6
Document Identifier	240-155373535	Rev	1
Effective Date	May 2020		
Review Date	May 2023		

Employee Details:			
Name:		Surname:	
Unique No.:		Job Title:	
Division/OU:		Department:	
Section:		Workstation:	
Work Details:			
Is this position critical for continuity of service?		YES	NO
Have all the risks related to COVID-19 been addressed?		YES	NO
If the employee has to come to work, are there additional risk control measures in place to limit exposure?		YES	NO
These general considerations must be in place throughout all operations and tasks at the workplace:			
<ol style="list-style-type: none"> 1. Social distancing 2. Hand hygiene measures (hand washing facilities and sanitisers) 3. Administrative controls (for example, staff rotation, etc.) 4. Appropriate personal protective equipment (PPE) 			
Manager's Name:	Signature:	Date:	
Medical Advice:			
Is there a risk medical condition for COVID-19?			
Confirmed	Not confirmed	Inconclusive medical information	
.....		
Name: OHNP/OMP	Signature:	Date:	

Public

When downloaded from the document management system, this document is uncontrolled and the responsibility rests with the user to ensure it is in line with the authorised version on the system.

No part of this document may be reproduced without the expressed consent of the copyright holder, Eskom Holdings SOC Ltd, Reg No 2002/015527/30.