Eskom	CONFIRMATION OF AN EMPLOYEE WHO IS VULNERABLE TO COVID-19 FORM	Template Identifier	240-43921804	Rev	6
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		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: 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

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Name: OHNP/OMP Signature: Date:

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