



Western Cape
Government

Education

INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES: PUBLIC SERVICE STAFF

APPLICATION FOR CONCESSION DUE TO COMORBIDITY: PUBLIC SERVICE STAFF

Name of Official.		
PERSAL No.		
Rank.		
Directorate.		
Name of Supervisor.		
Date.		
Employee Comorbidity (Evidence)	Yes	No

Medical evidence to include:

- a. The name and the qualification of the medical practitioner issuing the certificate;
- b. His or her contact number and physical address;
- c. A proper practice or registration number; and
- d. Confirming that he/she falls within the category of comorbidities as determined by the Department of Health.

Agreed action plan to manage the employee (indicate those who have been agreed to)

Tick where applicable	
A.	Working off-site (remotely) – note that the necessary equipment, internet access, etc. must be available
	Adaptation of duties
	Other, please specify
B.	Working onsite with one or more of the following:
	Dedicated alcohol-based hand rub provided (or available) for the employee
	Protective isolation and physical distancing
	Limit duration of close interaction with colleagues and/or the public
	Alternative accommodation in a lower exposure-risk area – cellular office/boardroom/floor
	Implementing a co-worker screening programme
	Sharing of relevant COVID-19 related information and social distancing information
	Specialized personal protective equipment (PPE) provided
	Other, please specify

The above action plan agreed / not agreed Employee signature
 Date

Comments:

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Manager/Principal/Senior Manager's Signature

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Date