

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	Working off-site (remotely) – note that the necessary equipment, internet			
A.	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			
	<u> </u>			
The above action plan agreed / not agreed		Employee signature		
The above determined agreed in the agreed		1 2, 2 2 3 2 2 2		
		Date		
Comments:				
Manager/Principal/Senior Manager's Signature Date				