



Western Cape  
Government

Education

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# **INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE EMPLOYEES: PUBLIC SERVICE STAFF**

**APPLICATION FOR CONCESSION DUE TO COMORBIDITY: PUBLIC SERVICE STAFF**

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

**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.

