



Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE (To be completed by employer):

Employee details

Name and Surname	
Contact Number	
Nationality	
ID Number	
Email Address	
Occupation	

Employer details

Name of Employer				
Industry/Sector				
Province				
Contact person				
Contact details	Email		Phone No.	

EXPOSURE HISTORY:

Has the Employee travelled to any high risk countries/areas? Yes / No

If Yes

Area Travelled To	
Date Travelled	
Length of Stay	
Reason for Travel	



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace Yes / No, If Yes

Date of Contact		
Contact Reported?	Yes	No
Period of Exposure		
Cases on quarantine in area of work		
Total confirmed cases in the workplace		

MEDICAL HISTORY:

Does the employee suffer from any pre-existing medical conditions? Yes/No

Has the employee been diagnosed with any other occupational disease? Yes/No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition				
	Pregnancy (trimester: _____)		Post-partum (< 6 weeks)	
	Cardiovascular disease, including hypertension		Immunodeficiency, including HIV	
	Diabetes		Renal disease	
	Liver disease		Chronic lung disease	
	Chronic neurological or neuromuscular disease		Malignancy	
	Other(s), please specify:			
Medical Condition		Year of Diagnosis	On Treatment?	
Pre-existing conditions:			Yes	No
Occupational diseases:			Yes	No

Name	Signature	Date