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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION REGARDING INFECTED EMPLOYEE**  **Please complete and submit this report within 24 hours to:**  [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za) | | | | | | | | | | | | | | | | **Date report was filled in**  **Click or tap to enter a date.** | | | | | |
| **Name** |  | | | | | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | | | | | | | | | | |
| **ID number** |  |  |  | |  |  | |  | |  |  |  |  | |  | |  | |  |  | |
| **Passport number** (if NOT RSA citizen) |  |  |  | |  |  | |  | |  |  |  |  | |  | |  | |  |
| **Staff number** |  |  |  | |  |  | |  | |  |  |  |  | |  | |  | |  |
| **Contact / Cell Number** |  |  |  | |  |  | |  | |  |  |  |  | |  | |  | |  |
| **School / Division / Entity** |  | | | | | | | | | | | | | | | | | | | | |
| **Date Covid-19 test was done** |  | | | | | | **Date positively diagnosed** | | | | | | | | |  | | | | | |
| **Name of testing laboratory** |  | | | | | | | | | | | | | | | | | | | | |
| **Name of Line Manager / Supervisor** |  | | | | | | | | | | | | | **Contact Number** | | | |  | | | |
| **Name of buildings /areas where employee works.** |  | | | | | | | | | | | | | | | | | | | | |
| **If the employee was on Campus within the past 7 days then is it necessary to carry out an investigation to determine whether the infection arose out of or in connection with his / her ?** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **Has the employee’s details been reported to Campus Health and Wellness Centre to provide support and follow up with the infected person?** **(If NO, please do so @** [Anna.Moloi@wits.ac.za](mailto:Anna.Moloi@wits.ac.za)**)** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **If the employee was on Campus within 7 days prior to being positively diagnosed then has an investigation been done by the Line Manager (i.e. to establish; whether this infection arose out of and/or in the course of the employee’s employment, the probable cause, whether the current protective measures are adequate, etc.)? (If NO, then this investigation must be done ASAP)** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **If YES to the above question then please provide the date that the investigation was conducted.** | | | | | | | | | | | | | | | | | | **Click or tap to enter a date.** | | | |
| **Based on the outcome of the investigation is it necessary to review the School’s / entity’s risk assessment?** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **If YES to the above question, then has this been done? (If answered NO then it must be done ASAP)** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **If the employee was on Campus within a period of 7 days prior to being positively diagnosed then is there any evidence to suggest that the employee contracted COVID-19 arising out of and in the course of his / her employment?** | | | | | | | | | | | | | | | | | | **YES** | | | **NO** |
| **\*If you answered YES above then this infection must be reported to the Compensation Commissioner.** **The School / University entity in which the person is employed must submit a WCL1 form\* to** [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za) **(\*amongst others)**. | | | | | | | | | | | | | | | | | | | | | |
| **\* Was a WCL1 form sent to OHS&E Office?** | **YES** | | | **NO** | | | | | **\* Only provide the required COID documents if there is evidence to suggest that the infection took place arising out of and in the course of the employee’s employment at Wits.** | | | | | | | | | | | | |
| **\* Was a copy of ID sent to OHS&E Office?** | **YES** | | | **NO** | | | | |

Please submit this report as well as any other required attachments to: [Dept-OHS-Admin@wits.ac.za](mailto:Dept-OHS-Admin@wits.ac.za)

**Thank you for taking the time to complete this report!**