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| **INFORMATION REGARDING INFECTED STUDENT****(Please complete and submit this report within 24 hours of being informed about the infection to:** anna.moloi@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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact / Cell Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **School / Division / University Entity** |  |
| **Date Covid-19 test was done** | Click or tap to enter a date. |
| **Date positively diagnosed** | Click or tap to enter a date. |
| **Name of testing laboratory** |  |
| **Name of University Supervisor** |  | **Contact Number** |   |
| **Is the student staying in one of the University residences?** | **YES** [ ]  | **NO** [ ]  |
| **Was the student on Campus within 7 days prior to being positively diagnosed?** | **YES** [ ]  | **NO** [ ]  |
| **If YES above then are there any University buildings / venues requiring sanitising?** | **YES** [ ]  | **NO** [ ]  |
| **If YES above then have details of area(s) requiring sanitising been reported to Services?** (If **NO**, please do so ASAP @ Israel.Mogomotsi@wits.ac.za**)** | **YES** [ ]  | **NO** [ ]  |
| **Has this student infection been reported to the entity / School’s HR Representative?** | **YES** [ ]  | **NO** [ ]  |
| **If the student was on Campus within 7 days prior to being positively diagnosed then has an investigation been done by the student’s supervisor (i.e. to establish the cause, whether protective measures on Campus are adequate, etc.)?** | **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 were any other persons exposed to the infected person?** | **YES** [ ]  | **NO** [ ]  |
| **If YES to the above question then have such exposed persons been informed that they were exposed to a positively diagnosed person (so that they can monitor for symptoms)?** | **YES** [ ]  | **NO** [ ]  |
| **Based on the outcome of the investigation is it necessary to review the School’s / University entity’s risk assessment?** | **YES** [ ]  | **NO** [ ]  |
| **If YES to the above question, has the School’s / University entity’s risk assessment been reviewed?** | **YES** [ ]  | **NO** [ ]  |
| **If YES to the above question then please provide the date that the risk assessment was reviewed** | Click or tap to enter a date. |

Please submit this report to: Anna.Moloi@wits.ac.za

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