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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](mailto: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](mailto: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](mailto:Anna.Moloi@wits.ac.za)

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