



Section A:

To be completed by the employer

Employer details:

Name of Employer	
Industry/Sector	
Province	
Contact Person	
Telephone	
Email	

When did your company open following nationwide lockdown? Date: _____

Name and Surname	
Nationality	
Identity No./Passport No.	
Occupation	
Telephone	
Email	

When did this employee return to work? Date: _____

Did the employee travel to a geographic area with widespread community infection of COVID-19 (hotspot areas)? Yes/ No

If Yes, answer the following

Where did the employee travel to? _____

Was the travel: business related _____ or personal related _____

(If the travel was business related please attach copy of approval from reporting line manager)

Date of Departure: _____

Date of Return: _____

Please provide details of your travel. (In case of international travel, provide a list of all connecting flight and length of stay in countries of connecting flights)



Did the employee contract COVID-19 positive because he/she came into contact with another confirmed COVID-19 positive employee in the workplace (during office hours). Yes/ No

If yes, please provide the following details:

Name and Surname of employee you came contact with: _____

(Please attach a copy of results of the initial confirmed positive COVID-19?)

State the date when the two employees were in close contact with each other. Date: _____

Briefly describe the circumstance in which they came into contact with each other.

(Close contact means that you had face-to-face contact within 1 metre or were in a closed space for more than 15 minutes with a person with COVID-19, (NICD website))

SECTION B: EXPOSURE HISTORY (To be completed by the employee)

Did you have any of the Flu like symptoms Yes / No

Date of onset of symptoms: _____

(Please attach a copy of the test results)

Signature of employee: _____ Date: _____

Signature of Employer Rep: _____ Date: _____



SECTION C: WORKPLACE CONTACTS (To be completed by the employer)

Please attach a list of other respective employees that the infected employee came into contact with at the workplace and for how long. (see attached)

List of Employees

Employer _____

Date _____

Name	Surname	Contact number	Contact Date	Duration