



## RISK FACTORS FOR SEVERE COVID-19

(To be completed where employees need to work from home or request special leave due to high risk of severe COVID-19)

### Personal Information to be completed by employee

Surname and Initials: \_\_\_\_\_ Persal Number: \_\_\_\_\_ Age: \_\_\_\_\_

School/Director/ate/Branch \_\_\_\_\_ Head Office/District \_\_\_\_\_

### Medical Questionnaire to be completed by a registered medical practitioner

Please write Yes or No to indicate if the employee's illness is in accordance with the information provided.

Risk Factor	Detail	Definition	Indicate Yes or No
Age	People 60 years and older with comorbidities	Aged 60 years or older with one or more disorders or conditions.	
People of all ages with the following underlying medical conditions, particularly if not well controlled:			
Cardiovascular Disease	Moderate/ Severe Hypertension	Moderate hypertension: systolic BP 160-179mmHg and/or diastolic BP 100-109 mmHg. Severe hypertension: systolic BP $\geq$ 180 mmHg and/or diastolic BP $\geq$ 110 mmHg.	
	Congestive cardiac failure or other serious cardiovascular disease	Confirmed clinical diagnosis of congestive cardiac failure or other serious cardiovascular disease	
	Cerebrovascular disease, including stroke and transient ischaemic attack	Confirmed clinical diagnosis of cerebrovascular disease.	
Respiratory Disease	Pulmonary Tuberculosis – untreated or in early treatment	People who have not completed the intensive phase or first two months of treatment in line with the National Department of Health Standard Treatment Guidelines.	
	Moderate to severe asthma	Asthma which requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it	



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		from becoming 'uncontrolled' or which remains 'uncontrolled' despite this therapy.	
	Chronic Obstructive Pulmonary Disease (COPD)	Confirmed clinical diagnosis of COPD	
	Other severe chronic lung pathology, including cystic fibrosis and bronchiectasis	Confirmed clinical diagnosis –irrespective of severity.	
Kidney Disease	Chronic Kidney Disease	eGFR < 45	
Pregnancy	Third trimester pregnancy	Estimated to be further than week 27 of pregnancy	
Immunosuppression	Poorly controlled type II Diabetes Mellitus	HBA1c $\geq 7.5\%$ within last 6 months	
	Cancer undergoing active treatment	Currently undergoing chemotherapy and/or radiotherapy	
	Human Immunodeficiency Virus with advanced immunosuppression	HIV positive persons with CD4 count <200 cells/mm <sup>3</sup> who are ART-naïve or who initiated ART within last 3 months	
	Chronic immunosuppressant use	Chronic use of corticosteroids of >20mg prednisone per day or equivalent, methotrexate, biologicals or other immunosuppressants.	
	Transplant	On chronic immunosuppressants	
Metabolic syndrome	Severe obesity	Body mass index (MBI) of 40 and higher	

I, as a medical practitioner, hereby declare that the information provided is correct.

Surname and Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Qualification: \_\_\_\_\_

Practice number: \_\_\_\_\_