

Enquiries: Mr. DS Moloi

OFFICE OF THE DIRECTOR: MOTHEO EDUCATION DISTRICT

"THE DISTRICT ON THE RISE TO GREATNESS"

10: ALL EMPLOYEES IN MOTHEO EDUCATIONS DISTRICT

SPECIAL LEAVE DUE TO RISK FACTORS FOR SEVERE COVID-19 (CO-MORBIDITIES)

- -The above-mentioned matter as well as the attached memo signed by the Superintendent General on 25 May 2020 bear reference
- \mathbf{N} at work will be a risk due to their medical conditions and or co-morbidities as specified in the Employees are urged to note the content of the memo and voluntary declare whether their presence mentioned memo.
- Ψ attention of: should the medical report not be attached. Furthermore, please find the attached form to be completed. The forms will not be further handled Please submit your disclosure documentation for the

The District Director

Ford Drury Building

Block A, Room 413

- ъ confidential information does not imply employees to stay home automatically. confidential and be submitted on or before Any declaration must be safely placed in a sealed envelope which should be clearly marked as informed on the outcomes after assessment of information submitted. 3 June 2020. Kindly note that submission of this Employees will be
- 6. It is trusted that the above is in order.

MR. DS MOLOI 0

DIRECTOR: MOTHEO EDUCATION DISTRICT DATE: 2020/05/26



OFFICE OF THE DIRECTOR: MOTHEO EDUCATION DISTRICT

"THE DISTRICT ON THE RISE TO GREATNESS"

TO WHOM IT MAY CONCERN

RISK FACTORS FOR SEVERE COVID-19 (CO-MORBIDITIES) DECLARATION FORM

Dear Sir / Madam

attempt to reduce the risks and the impact of the virus on employees. kept confidential and the information will only be used by the District for planning purposes. This is an have which could make you more vulnerable to the COVID-19 (CORONA) virus. Your information will be Please complete the form below for the District to be aware of any underlying medical condition you may

PERSAL Number			Đ	ID Number	
Gender			Age	e	
Full Names & Surname			-		
Institution			Rank	nk	
Subjects and Grades currently teaching			-		
Email Address				Contact number/s	
Do you have any co-morbidities	rbidities	Yes	No	Indicate which	thich
If "Vec" - nlease provide e	se) avidence	ac renilect	in D	ranranh 2 5	A of DPSA Circular 18 of 2020
If "Yes" – please provide evidence as requested in Paragraph 2.5.4 of DPSA Circular 18 "Vulnerable employees must submit relevant documentation in this regard as evidence to HR".	evidence ust submit r	as request elevant do	ed in Pa cumentat	tion in this n	If "Yes" – please provide evidence as requested in Paragraph 2.5.4 of DPSA Circular 18 of 2020. "Vulnerable employees must submit relevant documentation in this regard as evidence to HR".
Medical Report attached (Compulsory) (Please circle your response)	l de your		Yes		No
Comments (if any):					

SIGNATURE:

DATE:

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Ref. no. S/4 Enquiry: SS. Samuel





Special Leave due to risk factors for severe COVID-19 (comorbidities)

- ينين بريمية For the duration of the national state of disaster as a result of the COVID-19 due to risk factors for severe COVID-19 as outlined in paragraph 1.2. outbreak, a Head of Department must grant special leave to an employee
- 1.2 of Health) The following are considered risk factors for severe COVID-19 (Department

Risk Factor	Detail	Definition
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 th controlled:	e following underlying medical	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 ≥180 mmHg and/or diastolic BP ≥110 mmHg.
	Congestive cardiac failure or other serious	Confirmed clinical diagnosis of congestive cardiac failure or
	cardiovascular disease	other serious cardiovascular
	Cerebrovascular disease,	Confirmed clinical diagnosis of

		_				_	-	_	_	_					_	_	-		_	_		_	-		_	_	-
														Respiratory Disease													Cardiovascular Disease
Chronic Obstructive								Moderate to severe asthma				treatment	untreated or in early	Pulmonary Tuberculosis -	transient ischaemic attack	including stroke and	Cerebrovascular disease,		cardiovascular disease	or other serious	Congestive cardiac failure					Hypertension	Moderate/ Severe
Confirmed clinical diagnosis of	despite this therapy.	which remains 'uncontrolled'	becoming 'uncontrolled' or	corticosteroids) to prevent it from	controller (and/or systemic	corticosteroids plus a second	with high dose inhaled	Asthma which requires treatment	Guidelines.	Health Standard Treatment	the National Department of	months of treatment in line with	the intensive phase or first two	People who have not completed		cerebrovascular disease.	Confirmed clinical diagnosis of	disease	other serious cardiovascular	congestive cardiac failure or	Confirmed clinical diagnosis of	≥110 mmHg.	≥180 mmHg and/or diastolic BP	Severe hypertension: systolic BP	diastolic BP 100-109 mmHg.	BP 160-179mmHg and/or	Moderate hypertension: systolic

Tel: (051) 404 1955 Fax: (086) 4553122 Old Saambou Building, Room 417, Cnr. Chariotte Maxeke Street and Aliwal Street, Bloemfontein Private Bag X20565, Bloemfontein, 9300

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Risk Factor	Detail	Definition
	Pulmonary Disease (COPD)	COPD
	Other severe chronic lung	Confirmed clinical diagnosis -
	pathology, including cystic	irrespective of severity.
	fibrosis and bronchiectasis	
Kidney Disease	Chronic Kidney Disease	eGFR < 45
Pregnancy	Third trimester pregnancy	Estimated to be further than week
	1	27 of pregnancy
Immunosuppression	Poorly controlled type II	HBA1c ≥7.5% within last 6
1	Diabetes Mellitus	months
	Cancer undergoing active	Currently undergoing
	treatment	chemotherapy and/or
		radiotherapy
	Human Immunodeficiency	HIV positive persons with CD4
	Virus with advanced	count <200 cells/mm ² who are
	immunosuppression	ART-naïve or who initiated ART
		within last 3 months
	Chronic immunosuppressant	Chronic use of corticosteroids of
	use	>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

- 1.3 An employee referred to in paragraph 1.2 must submit the necessary documentation (adequate medical reports) to the Head of Department.
- 1.4 The confidentiality of the information submitted must be maintained.
- 1.5The Head Manager or a Health Professional for assessment. of Department may subject the application to the Health Risk
- 1.6 An employee granted special leave due to risk factors for severe COVID-19 will
- be required to continue working remotely to perform specific functions
- NB: All Teachers and support staff submit to their Circuit Manager,
- All District officials submit to their District Directors and
- :All Head Office officials submit to Director Human Resources Administration, Mr S. Samuel at: S. Samuel@fseducation.gov.za.

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