



**CO- MORBIDITY DECLARATION FORM**

Dear Sir/ Madam

Please complete the form below for the Department to be aware of any underlying medical condition you may have which could make you more vulnerable to the COVID 19 (CORONA) virus. Your information will be kept confidential and the information will only be used by the department for planning and to try and reduce the impact of the virus on employees

<b>PERSAL Number</b>		<b>ID Number (If no PERSAL No.)</b>	
<b>Initials</b>		<b>Surname</b>	
<b>Position</b>		<b>Unit</b>	
<b>Directorate/Institution</b>		<b>Gender</b>	
<b>Email Address</b>		<b>Telephone No. (Landline)</b>	
<b>Telephone Number (Cell)</b>			
<b>Do you have any co-morbidities? Please circle your response</b>	<b>Yes</b>	<b>No</b>	
<b>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 their human resource management components."</b>			
<b>Medical Certificate attached ? Please circle your response</b>	<b>Yes</b>	<b>No</b>	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Comment/s :**