



Over 60 WITH NO co-morbidities

Commitment to perform functions at my work place

I, (Full names & surname),

Identity number :

Age: Male/Female

Employed at

here with declare and confirm that I am 60 years or older and am regarded as an increased risk employee without any underlying health risk as per COVID-19 regulations. I am fully prepared to perform my functions at my workplace provided my Employer will provide the necessary Personal Protective Equipment (PPE) and that the health and safety requirements promulgated in the relevant government gazettes are adhered to.

(The CDC has recognized people with the following medical conditions as 'high risk: moderate to severe asthma, chronic lung disease, serious heart conditions, immunocompromised people, severe obesity, diabetes, chronic kidney disease undergoing dialysis and liver disease).

Signature

Date

Designation



Over 60 WITH co-morbidities

Commitment to perform functions at my work place

I, (Full names & surname),

Identity number :

Age: Male/Female

Employed at

herewith declare and confirm that I am above 60 years old and am regarded as high-risk employee with underlying health risks as per Covid 19 regulations. I am prepared to perform all my functions remotely as **agreed (with /by GB health and safety ????)**

(The CDC has recognized people with the following medical conditions as 'high risk: moderate to severe asthma, chronic lung disease, serious heart conditions, immunocompromised people, severe obesity, diabetes, chronic kidney disease undergoing dialysis and liver disease).

Signature

Date

Designation



BELOW 60 WITH NO co-morbidities

Commitment to perform functions at my work place

I, (Full names & surname),

Identity number :

Age: Male/Female

Employed at

herewith declare and confirm that I am below 60 years old and am regarded as a low-risk employee with no underlying health risks as per Covid 19 regulations. I am fully prepared to perform my functions at my workplace provided my Employer will provide the necessary Personal Protective Equipment (PPE) and that the health and safety requirements promulgated in the relevant government gazettes are adhered to.

(The CDC has recognized people with the following medical conditions as 'high risk: moderate to severe asthma, chronic lung disease, serious heart conditions, immunocompromised people, severe obesity, diabetes, chronic kidney disease undergoing dialysis and liver disease).

Signature

Date

Designation



Under 60 and INCREASED risk

Commitment to perform functions at my work place

I, (Full names & surname),

Identity number :

Age: Male/Female

Employed at

here with declare and confirm that I am below 60 years old and am regarded as an increased risk employee with an underlying health risk as per COVID-19 regulations. I am, however fully prepared to perform my functions at my workplace provided my Employer will provide the necessary Personal Protective Equipment (PPE) and that the health and safety requirements promulgated in the relevant government gazettes are adhered to.

(The CDC has recognized people with the following medical conditions as 'high risk: moderate to severe asthma, chronic lung disease, serious heart conditions, immunocompromised people, severe obesity, diabetes, chronic kidney disease undergoing dialysis and liver disease).

Signature

Date

Designation