

Over 60 WITH NO co-morbidities

Commitment to perform functions at my work place

l,			(Full r	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

Ι,			(Full names & surname
Identity numb	er:		
Age:		Male/Female	
Employed at			
risk emplo to perform 	oyee with und all my func has recogn to severe ompromised	confirm that I am above 60 year derlying health risks as per Covitions remotely as agreed (with dized people with the following rasthma, chronic lung disea people, severe obesity, diabled liver disease).	id 19 regulations. I am prepare /by GB health and safety ???
Signature			Date
Designation			



BELOW 60 WITH NO co-morbidities

I,

Commitment to perform functions at my work place

(Full names & surname),

dentity numb	er:					
Age:			Male/I	- emale		
Employed at						
nerewith 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, mmunocompromised 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

Ι,		Full names & surname),		
Identity numb	er:			
Age:	Male/Female			
Employed at				
increased risk am, however Employer will	clare and confirm that I am below 60 years of employee with an underlying health risk as purply prepared to perform my functions at reprovide the necessary Personal Protective Equatery requirements promulgated in the relevant	er COVID-19 regulations. I my workplace provided my uipment (PPE) and that the		
(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				