

	UNIVERSITY OF CAPE TOWN		
	COVID-19 Positive Reporting Form	Reference Number	UCT/COV/007
		Implementation Date	17/06/2020
		Rev / Amendment No	Rev 002
		Rev / Amendment Date	15/02/2021

THIS DOCUMENT SHOULD BE USED TO REPORT POSITIVE TESTED PERSONS FOR COVID-19

Faculty/Dept /Company		Date	
Completed by		Email address	
Area		Person Reporting Contact Number	
COVID Positive Person's Particulars to report to the National Dept of Health {COVID-19 is a Notifiable Disease}			
Full Name		ID Number	
		UCT Student Number	
Symptoms Reported		
Contact Details	Email.....		
	Cell number:		
Location (Town)			
Name of Student Residence		Were there any Close Contacts	Yes No
Was person affected Staff, Student, or a Contractors Employee		Details	Female Male Age:
Date of Positive Test (If done)		Date Reported to Manager/Warden	
Current Status of person	No symptoms – Self Isolation		Mild illness - Self Isolation
	Hospitalised		Deceased
	Other: Please give details		
Description		Yes/No	Notes
Was the person on Campus in the past 72 hours?		Y N	If No, please indicate last date on Campus:

Once completed please E-mail the form to the following:

Students: Living in Private Digs/Res - corinne.landon@uct.ac.za

Students: Living in On-Campus Res - nandipha.qangule@uct.ac.za

Staff: Org. Health - blanche.claasen-hoskins@uct.ac.za and **Occ. Health** - suzanne.key@uct.ac.za

Faculty Dean / Department Executive Director or DVC where required.

Signed: _____ (Person Reporting) Date: _____