

COMPENSATION FOR OCCUPATIONALLY ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

GOVERNMENT NOTICE: DEPARTMENT OF EMPLOYMENT AND LABOUR

Notice on Compensation for Occupationally Acquired Novel Corona Virus disease (COVID-19) under Compensation for Occupational Injuries and Diseases Act, 130 of 1993 as amended.
GNR 20/03/2020 – Vuyo Mafata Compensation Commissioner.

A CLAIM FOR OCCUPATIONALLY ACQUIRED COVID-19 SHALL CLEARLY BE SET OUT AS CONTEMPLATED IN AND PROVIDED FOR IN SECTIONS 65 AND 66 OF THE COID ACT.

Section 3 of GNR. 20/03/2020 specifies the diagnosis of occupationally acquired COVID-19 and occupations at risk.

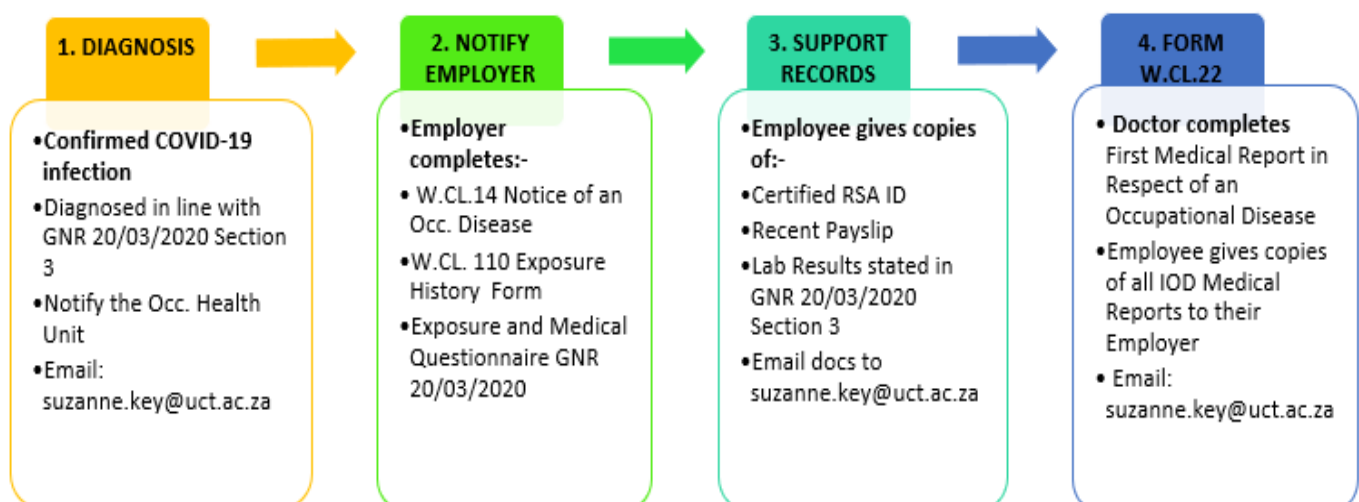
Section 6 outlines how the reporting should be undertaken and the documents that should be submitted to the Employer for registering the claim with the Compensation Commissioner:

- Employer's Report of an Occupational Disease (W.CL.1)
- Notice of an Occupational Disease and Claim for Compensation (W.CL.14)
- Exposure and Medical Questionnaire (Annexure A)
- First Medical Report in respect of an Occupational Disease (W.CL.22) indicating U07.1 as the ICD-10 code for Covid-19
- Exposure History (W.CL. 110) and/or any other appropriate employment history which may include any information that may be helpful to the Compensation Commissioner.
- A medical report on the employee's symptoms that details the history, establishes a diagnosis of COVID-19 and laboratory results and chest radiographs where appropriate or any other information relevant to the claim.
- For each consultation, a Progress Medical Report (W.CL. 26) must be submitted.
- Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached Maximum Medical Improvement (MMI).

Section 7 outlines the Claims Process undertaken by the Office of the Compensation Commissioner who shall consider and adjudicate upon the liability of all claims. The Medical Officers in the Compensation Commissioners' Office are responsible for medical assessment of the claim and confirmation of the acceptance or rejection of the claim.

Section 8 is the attached Exposure and Medical Questionnaire which must be completed by the Employer and must accompany the documents specified in Section 6 of GNR 20/03/2020.

FLOW CHART: COVID-19 OCCUPATIONAL DISEASE



- APPENDIX: COVID-19 Exposure and Medical Questionnaire** (To be completed by the Employer)

Notify the Occupational Health Unit at 021-650 3873 and email your claim application documents to suzanne.key@uct.ac.za



Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE (To be completed by employer):

Employee details

Name and Surname	
Contact Number	
Nationality	
ID Number	
Email Address	
Occupation	

Employer details

Name of Employer				
Industry/Sector				
Province				
Contact person				
Contact details	Email		Phone No.	

EXPOSURE HISTORY:

Has the Employee travelled to any high risk countries/areas? Yes / No

If Yes

Area Travelled To	
Date Travelled	
Length of Stay	
Reason for Travel	



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace Yes / No, If Yes

Date of Contact		
Contact Reported?	Yes	No
Period of Exposure		
Cases on quarantine in area of work		
Total confirmed cases in the workplace		

MEDICAL HISTORY:

Does the employee suffer from any pre-existing medical conditions? Yes/No

Has the employee been diagnosed with any other occupational disease? Yes/No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition				
	Pregnancy (trimester: _____)		Post-partum (< 6 weeks)	
	Cardiovascular disease, including hypertension		Immunodeficiency, including HIV	
	Diabetes		Renal disease	
	Liver disease		Chronic lung disease	
	Chronic neurological or neuromuscular disease		Malignancy	
	Other(s), please specify:			
Medical Condition		Year of Diagnosis	On Treatment?	
Pre-existing conditions:			Yes	No
Occupational diseases:			Yes	No

Name	Signature	Date

