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PIETERMARITZBURG GEORGE

NATIONAL NUMBER: 0861 379 542

WWW.EPX.CO.ZA

ADD: P.O. BOX 3547

POLOKWANE,

0700

TEL: 0861 379 463

REG NO: 2009/004805/07

VAT NO: 451 018 0344

Subject:	COVID POLICY (HRP0012)
Compiled by:	C. NELL-MARAIS
Authorised by:	Directors of E.P.X Courier Services
Implemented:	1 APRIL 2020
Amended dates:	



**THE FOLLOWING AS PER THE COVID-19 DISTASTER MANAGEMENT ACT
NEEDS TO BE IMPLIMENTED AT ALL EPX BRANCHES NATIONALLY. THE
COVID 19 SOP DOCUMENT WILL BE UPDATED FROM TIME TO TIME AS
REQUIREMENTS CHANGE WITH THE MOVEMENTS OF LEVELS.**


1. All employees must wear masks when entering any EPX Couriers branch, no employee without a mask will be allowed to enter. 2 Masks were supplied to each employee, please ensure that each branch has extras.
2. All staff will have to have their temperature taken when entering any EPX depo as well as have their hands sanitized.
3. All drivers of staff transport need to complete an EMPLOYEE TRANSPORT REGISTER every morning when collecting staff. No staff will be collected that is not wearing a mask.
4. All employees will have to keep a daily register of their temperatures and related symptoms on the SYMPTOMS CHECK FORM. All office-based staff are to have their temperatures taken three times a day. Drivers will have their temperatures taken on arrival in the mornings and again in the evening when returning to the depo. Please also ensure that there is a signed UNDERLYING ILLNESS form filed for every employee.
5. All staff members have to have a valid EPX permit with them when travelling to and from work, please make sure that each employee has completed their home address. They also need to have a copy of EPX's CIPC cert with them and a valid ID.
6. Employees over 60 and vulnerable employees with underlying illnesses that decide to keep on working needs to have their temperatures taken every two hours when at work.
7. It is very important that all COVID-19 related posters are clearly visible throughout each branch. It is just as important that there are sanitisers at all entrances to each depo.

8. Cleaning rosters are to be kept up to date and visible should we be visited by the Dept of Health. All workstations have to be washed at least twice a day with a solution consisting of 1 part water and 1-part jik.
9. Please ensure that there are soap and paper towels in all toilets. Please ensure that there are posters in the bathrooms reminding staff to wash their hands for at least 20 seconds and to sanitize.
10. Please reiterate to employees that they have to practice social distancing and stay as far as 1.5 meters away from each other at all times.
11. All employees that present a fever and any COVID -19 symptoms are to be isolated to a isolation point, please ensure that the employee is wearing a mask. Get the employee to complete an EMPLOYEE RISK ASSESMENT form.
12. If the employee presenting fever has travelled with EPX transport please ensure that all occupants that travelled with this employee complete a CO-PASSENGER ASSESMENT form.
13. When the employee with fever and symptoms is sent home, please ensure that they have the COVID-19 hotline number 0800029999. Please follow up with employee regularly, if they have been to a registered medical practitioner, if they were tested for COVID-19 and, when they will be back at work. Please use the EMPLOYEE QUARANTINE ASSESMENT form for this process. Remember to always get official medical documentation from employees that are off sick. Please report absenteeism to the our Covid 19 Representative at chantelln@epx.co.za.
14. If an employee that travelled to work with EPX transport is sent home after presenting a fever and symptoms, the vehicle needs to be washed and sanitized. Use the VEHICLE SANITATION REGISTER.
15. All hostel rooms to be inspected at least twice a week to make sure if the rooms are being cleaned.
16. All office bound staff are requested to not move out of their departments, if they have to move to other departments, they have to wear their face masks, yes even to the bathroom. Please try to communicate by email and telephone as far as possible.
17. All drivers must wear their masks when doing deliveries or making collections. Each vehicle needs to be equipped with sanitizer. Drivers are to sanitize hands before and after each interaction with customer. Ensure that there is no physical contact with the client. REMEMBER client does not have to sign the waybill, each driver to complete details on handheld scanner.
18. All visitors to branches must wear masks to allow entry. They must also have their temperatures taken, hands sanitized and complete the COVID-19 VISITOR REGISTER.
19. It is very important that we keep record of all discussion, training and meetings with our staff regarding COVID-19. Please get them to sign a register.
20. The following needs to be reiterated to staff regularly; Wear a mask, practice social distancing, sanitize your hands, if you have been in contact with anyone that has COVID-19 report it to your manager immediately so that further action can be taken. If you have a fever and COVID-19 related symptoms, stay home, report it to your manager and visit a registered health practitioner.

FOR EASE OF REFERENCE ATTACHED ARE STANDARD FORMS THAT CAN BE USED.

ANNEXURE A – UNDERLYING ILLNESS FORM

1. To establish which employees are at higher risk please complete the Underlying Illness form. Note that this form will be treated as highly confidential and used to ensure that extra measure is taken, where necessary to reduce possible exposure to such individuals.
2. Symptom check forms will be completed daily. Fever will be checked at the main entrance of each branch. Please ensure that new forms are available weekly. Note that fever will be monitored 3 times a day and for staff with underlying illnesses 4 times a day.
3. If any staff member displays symptoms at work, please make use of the employee risk assessment form to evaluate where the employee might have been exposed.

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COVID 19 – UNDERLYING ILLNESS FORM
(PRIVATE AND CONFIDENTIAL)

EPX COURIERS IS CURRENTLY TRYING TO ESTABLISH IF ANY OF OUR STAFF MEMBERS HAVE UNDERLYING MEDICAL CONDITIONS. THIS IS TO MAKE THE NECESSARY CHANGES TO LIMIT THE RISK TO STAFF MEMBERS THAT MIGHT HAVE UNDERLYING ILLNESSES AND TO ENSURE OUR COMPANY STAYS OPERATIONAL SHOULD A STAFF MEMBER BECOME INFECTED. BELOW IS A CHECK LIST TO BE COMPLETED OF KNOWN CONDITIONS THAT POSE A HIGHER RISK WHEN CONTRACTING COVID-19

NAME AND SURNAME: _____

ID NO: _____

STAFF NO: _____

BRANCH: _____

I HEREBY DECLARE THAT I HAVE THE FOLLOWING UNDERLYING CONDITION THAT HAVE BEEN CONFIRMED BY A MEDICAL PRACTITIONER:

(PLEASE TICK NEXT TO CONDITION)

HEART CONDITION <input type="checkbox"/>	DIABETES <input type="checkbox"/>
LUNG DISEASE (INCLUDING ASTHMA AND TTB) <input type="checkbox"/>	KIDNEY DISEASE <input type="checkbox"/>
CANCER <input type="checkbox"/>	HIV AIDS <input type="checkbox"/>

ANY OTHER CHRONIC ILLNESS: _____

DO YOU TAKE MEDICATION FOR THE CONDITION YES: _____ NO: _____


NO ILLNESSES: ☐

SIGNED AT: _____ DATE: _____

SIGNATURE _____

ANNEXURE B – SYMPTOMS CHECK FORMS

The following documents are to be used on a daily basis. Please note that we require employees with underlying illnesses to monitor on a separate form. This is to ensure extra precaution is taken for our vulnerable staff.



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COVID 19 – SYMPTOMS CHECK FORM

AS PART OF THE PRECAUTIONARY MEASURES THAT ARE ALREADY IN PLACE EPX COURIERS WILL ALSO KEEP A REGISTER WHICH EACH EMPLOYEE HAS TO COMPLETE DAILY TO MONITOR FOR ANY KNOWN SYMPTOMS ASSOCIATED WITH THE COVID – 19 VIRUS.

NAME AND SURNAME: _____

ID NO: _____


STAFF NO: _____

BRANCH: _____

ONLY TICK IF APPLICABLE / TEMP TO BE DOCUMENTED DAILY

MONDAY		TUESDAY		WED		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:	
CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK	
RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE	
REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES	
SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH	
SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT	
COUGH		COUGH		COUGH		COUGH		COUGH		COUGH		COUGH	
TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM	
TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM	
TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM	

SIGNATURE: _____



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COVID 19 – VULNERABLE EMPLOYEE SYMPTOMS CHECK FORM

AS PART OF THE PRECAUTIONARY MEASURES THAT ARE ALREADY IN PLACE EPX COURIERS WILL ALSO KEEP A REGISTER WHICH EACH EMPLOYEE HAS TO COMPLETE DAILY TO MONITOR FOR ANY KNOWN SYMPTOMS ASSOCIATED WITH THE COVID – 19 VIRUS.

NAME AND SURNAME: _____

ID NO: _____

STAFF NO: _____

BRANCH: _____


ONLY TICK IF APPLICABLE / TEMP TO BE DOCUMENTED DAILY

MONDAY		TUESDAY		WED		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:	
CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK		CLEAN FACE MASK	
RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE		RUNNY NOSE	
REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES		REDNESS OF EYES	
SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH		SHORTNESS IN BREATH	
SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT		SORE THROAT	
COUGH		COUGH		COUGH		COUGH		COUGH		COUGH		COUGH	
TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM		TEMP 4 PM	
TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM		TEMP 12 PM	
TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM		TEMP 8 AM	

SIGNATURE: _____

ANNEXURE C – RISK ASSESMENT FORM

THE FOLLOWING QUESTIONNAIRE IS FOR EMPLOYEE THAT HAS, UPON ARRIVAL, AT WORK
A FEVER HIGHER THAN 37.5 ACCOMPANIED WITH KNOWN SYMTOMS OF COVID-19

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COVID 19 – EMPLOYEE RISK ASSESMENT		
THE FOLLOWING QUESTIONNAIRE IS FOR EMPLOYEE THAT HAS, UPON ARRIVAL, AT WORK A FEVER HIGHER THAN 37.5 ACCOMPANIED WITH KNOWN SYMTOMS OF COVID-19		
NAME AND SURNAME:		
ID NUMBER:		
STAFF NUMBER:		
BRANCH:		
DATE:		
QUESTION	YES	NO
HAS ANYONE IN YOUR HOUSEHOLD BEEN TESTED FOR COVID 19?		
HAVE YOU BEEN IN CONTACT WITH ANYONE THAT HAS BEEN TESTED FOR COVID-19 IN THE PAST 14 DAYS?		
HAVE YOU TRAVELLED TO ANY HIGH RISK AREAS IN THE PAST 14 DAYS?		
HAVE YOU VISITED A HOSPITAL OR CLINIC IN THE PAST 14 DAYS?		
HAVE YOU HAD CONTACT WITH ANYONE WHO WORKS IN A HOSPITAL OR HEALTH CARE FACILITY?		
SYMPTOMS CHECK	YES	NO
FEVER?		
DRY COUGH?		
SORE THROAT?		
SHORTNESS OF BREATH?		
RUNNY NOSE?		
REDNESS OF EYES?		

ANNEXURE D – CO-PASSENGER RISK ASSESMENT FORM

THE FOLLOWING QUESTIONNAIRE IS FOR AN EMPLOYEE THAT HAS TRAVELLED WITH A CO-WORKER THAT HAS BEEN SCREENED AND FOUND TO HAVE A HIGH FEVER, AND POSSIBLE SYMPTOMS OF COVID 19 AND HAS BEEN SENT HOME TO SELF ISOLATE.



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COVID 19 – CO-PASSENGER RISK ASSESMENT

THE FOLLOWING QUESTIONNAIRE IS FOR AN EMPLOYEE THAT HAS TRAVELLED WITH A CO-WORKER THAT HAS BEEN SCREENED AND FOUND TO HAVE A HIGH FEVER, AND POSSIBLE SYMPTOMS OF COVID 19 AND HAS BEEN SENT HOME TO SELF ISOLATE.

NAME AND SURNAME:	
ID NUMBER:	
STAFF NUMBER:	
BRANCH:	
DATE:	

QUESTION	YES	NO
DID YOU WEAR A MASK WHILE IN TRANSIT WITH STAFF MEMBER THAT WAS SENT HOME?		
DO YOU TRAVEL WITH THE ABOVE STAFF MEMBER DAILY?		
DO YOU AND THE STAFF MEMBER LIVE IN THE SAME HOUSE?		
HAS ANYONE IN YOUR HOUSEHOLD BEEN TESTED FOR COVID 19?		
HOW LONG DID YOU SPEND IN THE SAME VEHICLE WITH THE STAFF MEMBER		

SYMPTOMS CHECK	YES	NO
FEVER?		
DRY COUGH?		
SORE THROAT?		
SHORTNESS OF BREATH?		
RUNNY NOSE?		
REDNESS OF EYES?		

ANNEXURE E – VEHICLE SANITATION REGISTER

THE FOLLOWING DOCUMENT IS TO BE USED IF A DRIVER OR ASSISTANT HAS TESTED POSITIVE FOR COVID-19 AND HAS DRIVEN A COMPANY VEHICLE.

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COVID 19 – VEHICLE SANITATION REGISTER		
THE FOLLOWING DOCUMENT IS TO BE USED IF A DRIVER OR ASSISTANT HAS TESTED POSITIVE FOR COVID-19 AND HAS DRIVEN A COMPANY VEHICLE.		
NAME AND SURNAME OF PERSON WASHING THE VEHICLE:		
ID NUMBER:		
STAFF NUMBER:		
BRANCH:		
VEHICLE REGISTRATION NO:		
DATE:		
SAFETY CHECKS		
IS THE PERSON WASHING THE VEHICLE WEARING GLOVES?	YES	NO
IS THE PERSON WASHING THE VEHICLE WEARING A FACEMASK?		
WAS THE VEHICLE WASHED WITH A DETERGENT?		
WAS THE VEHICLE SANITIZED AFTER IT WAS WASHED		
WAS THE STEERING WHEEL, ALL HANDLES ON THE VEHICLE AND THE DASH SANITIZED?		

ANNEXURE F – MASK DISTRIBUTION TO STAFF

ALL MASKS DISTRIBUTED TO STAFF HAVE TO BE DOCUMENTED AND SIGNED FOR.

EPX COVID 19 MASK DISTRIBUTION TO STAFF					
DATE	NAME	STAFF NO	RECEIVED 2 MASKS	RECEIVED COVID 19 INFO PIECE	SIGNATURE

PLEASE ADVISE STAFF THAT AS PER GAZETTED REGULATION 2 MASKS ARE ISSUED PER MEMBER. IF LOST OR STOLEN, STAFF MEMBER WILL HAVE TO PURCHASE REPLACEMENTS, IT WILL NOT BE RE-ISSUED

ANNEXURE G – MASK DISTRIBUTION TO STAFF

ALL STAFF TO SIGN THAT THEY HAVE RECEIVED THE COVID 19 POLICY INFO AND UNDERSTAND THE CONTENTS THEREOF.

[illegible]


ANNEXURE H – QUARANTINE – SOP

THE FOLLOWING STEPS ARE TO BE TAKEN IF ANY EMPLOYEE TESTS POSITIVE FOR COVID 19 OR HAS BEEN IN FACE-TO-FACE CONTACT WITH SOMEONE THAT HAS TESTED POSITIVE FOR COVID 19

- Employees should notify their line manager / supervisor and stay at home if they are sick and have been booked off after testing positive for Covid-19. All employees should follow the company's sick leave policy in such situations. **Please inform all council members about the 10 days allowance from the NBCRFLI for quarantine purposes.**
- If employee has done a risk assessment and is in self-quarantine and symptoms worsen within 3 days call the COVID 19 Hotline (080002999) or visit a registered medical practitioner for full evaluation.
- If any employee test positive for COVID-19 they are to advise their Line Manager/Supervisor. Please report to chantelln@epx.co.za.
- If an employee has been in close contact with an individual who has since been diagnosed with COVID-19, the employee must immediately inform their employer and contact the COVID-19 Hotline (080002999). Close contact means that the employee was in face-to-face contact (i.e. within 1.5 metres) or in a closed space for more than 15 minutes with a person with COVID-19.
- If employee becomes ill at work (is tested and proven to be COVID 19 positive) note that all team members that work closely with said employee should be counselled and made aware that a member has tested positive. All such employees should be monitored closely for any symptoms that might appear in a 14-day period. If any employees develop a fever accompanied by any other known symptoms of COVID-19, advise them to go into self-isolation.
- Works stations, vehicles and high traffic areas like door handles etc, that infected employee has been in contact with should be washed and sanitized immediately after a report is received of a suspected COVID-19 case.

Employees that test positive should be contacted regularly, communication also to be reported to chantelln@epx.co.za. Communication should be kept with such an employee until they have been cleared by a registered medical practitioner to return to work / or has completed the mandatory

time allocated for self-isolation. Should the employee still present symptoms after such a time it is advised that the employee return to their medical practitioner for further evaluation.



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COVID 19 – EMPLOYEE QUARANTINE ASSESMENT

THE FOLLOWING DOCUMENT IS TO BE USED IF EITHER A STAFF MEMBER HAS CALLED IN AND ADVISED THEY ARE IN SELF QUARANTINE OR HAS BEEN SENT HOME TO GO INTO SELF ISOLATION

NAME AND SURNAME OF SICK EMPLOYEE:	
ID NUMBER:	
STAFF NUMBER:	
BRANCH:	
DATE:	
PERSON DOING FOLLOW UP CALLS	

STAFF MEMBER WENT INTO SELF-ISOLATION ON HIS/HER OWN	STAFF MEMBER WAS SENT HOME WITH SYMPTOMS AND ADVISED TO GO INTO SELF-ISOLATION

ACTION	YES	NO
CALL 1: AFTER 3 DAYS OF SELF ISOLATION. HAS HE/SHE BEEN TO SEE A REGISTERED MEDICAL PRACTITIONER?		
HAS HIS/HER SYMPTOMS BECOME WORSE?		
HAS HE/SHE BEEN FOR A COVID 19 TEST?		
DOES HE/SHE HAVE HIS RESULTS BACK YET?		
DID THEY TEST POSITIVE?		
CALL 2: 5 DAYS LATER. IF NOT CONFIRMED IN THE FIRST CALL PLEASE FIND OUT IF HE/SHE HAS BEEN TESTED AND WHAT THE OUTCOME IS?		
IF THE EMPLOYEE HAS TESTED POSITIVE FOR COVID-19 HAVE THEY REPORTED IT TO THE COVID 19 HOTLINE 080002999?		
TWO DAYS PRIOR TO RETURNING TO WORK. HAS THE EMPLOYEE BEEN FOR A CHECK-UP?		
HAS THE EMPLOYEE BEEN CLEARED TO COME BACK TO WORK BY A REGISTERED MEDICAL PRACTITIONER? PLEASE INSIST THAT THEY BRING IT ALONG WHEN THEY RETURN TO WORK.		
HAS ANYONE LIVING WITH THE SICK EMPLOYEE TESTED POSITIVE FOR COVID-19?		