

4th Floor, De Ville Centre, Wellington Street,
Durbanville
P O Box 1382, Durbanville, 7551
Tel: (021) 975 1170
Fax: (021) 975 2108
E-mail: mlie2@mouldmed.co.za



MEDICAL & GENERAL RECRUITMENT

Good Day,

Kindly find attached the registration agreement for Mouldmed Locum International Exchange.

Please read carefully and make sure you understand the agreement before signing.

PLEASE COMPLETE AND SEND BACK WITH ALL RELEVANT DOCUMENTS REQUIRED

1. Complete the agreement / registration documents, full signature on pages 6 and 8. (please initial on each page.)
2. Proof of banking details (letter from the bank not older than (3) three months)
3. Tax Certificate.
4. Updated CV – as detailed as possible.
5. Copy of your ID (clear copy).
6. 2 X Current written reference letters on a company letterhead and date.
PLEASE NOTE WE CAN NOT REGISTER YOU WITHOUT WRITTEN REFERENCE LETTERS ON A COMPANY LETTERHEAD AND DATE, FROM YOUR PREVIOUS EMPLOYERS
7. Copy of Certificates (School / College / University)
8. Please note all Casualty doctors Should have (ACLS, BLS, PALS).
9. Copy of registration certificate– HPCSA – copy of current receipt.
10. Malpractice Insurance (updated document/ proof of first payment)
11. South African Police clearance certificate – SAPS(National and International Jurisdictions).
12. Please complete and return the attached agreement of consent page.
13. Please complete and return the attached Indemnity page.
14. Please complete and return the attached Covid-19 page.

Kind Regards
Magda Rizwan
General Manager

MouldMed Holdings Limited • Registration No 2005/009676/06
Dr. Sarie Brits DC (USA) (Chairman); Gerrit Theron MIAC (CEO); Henry Kruger
Medical Consultant - Dr FCR Theron M B Ch B, Med (Specialist Physician)

De Ville Centre, 401B, 4th Floor
Wellington Road, Durbanville
P O Box 1382, Durbanville, 7551
Tel: (021) 975 1170
Fax: (021) 975 2108/6099
E-mail: mlic2@mouldmed.co.za
mlic@mouldmed.co.za



CONTRACTORS AGREEMENT

Please read the following agreement carefully and complete the registration page. Please sign all pages and return completed document to Mouldmed Locum International Exchange.
Please submit a copy of your ID/Passport, copies of registrations held and a copy of your CV in order to conclude this agreement.

Agreement for the use of the Services of a Contractor
Entered into
And
Between

Mouldmed Locum International Exchange
Registration Number: 1998/013613/06
(Who shall be referred to hereinafter as "THE COMPANY")

Of
Address

De Ville Centre, Office 401B 4th Floor
Wellington Road, Durbanville, 7550

And

(Hereinafter referred to as "THE CONTRACTOR")

Of
Address

WHEREAS

The Company conducts business as a contract house and seeks and makes available to other persons, having specialised knowledge and skills, opportunities to perform agreed prescribed services as independent contractors:

AND WHEREAS

THE CONTRACTOR is an independent contractor carrying on business as a supplier of services in the field of Medical Professionals. THE CONTRACTOR has agreed to render the services specified in Annexure A hereto to the CLIENT referred to therein on behalf of the Company in terms of this Agreement.

NOW THEREFORE IT IS AGREED -- Please initial here _____

Please initial here _____ 1

DEFINITIONS

The headings of the clauses in this Agreement are for the purpose of convenience and reference only and shall not be used in the interpretation of, nor modify, nor amplify, the terms of this Agreement nor any clause thereof.

- Unless a contrary intention appears:
- Words importing any one gender shall include any other gender;
- Words importing the singular shall include the plural and vice versa;
- Words importing natural persons shall include created entities (incorporated and unincorporated) and vice versa.
- "**CLIENT**" means the person referred to as such in Annexure A hereto, and/or, if consistent with the context in which it is used in this Agreement, any person to whom **the Company** has given a quotation for the supply of the **Prescribed Services** or to whom **the Company** has introduced **THE CONTRACTOR** with a view to concluding an agreement for the supply of the **Prescribed Services**.
- "**Prescribed Services**" means the services to be rendered by **THE CONTRACTOR** to the **CLIENT** on behalf of **the Company** in terms of this Agreement read with Annexure A hereto.

WARRANTY AND DURATION

THE CONTRACTOR warrants that he has the ability, skill and experience properly to render the **Prescribed Services** and to perform all related functions.

This Agreement shall commence on the date set out in Annexure A hereto and shall continue for the period set out therein unless it is terminated prior thereto in accordance with the Termination clause herein.

COMPANIES AND CLOSE CORPORATIONS

If **THE CONTRACTOR** is a juristic person the **Prescribed Services** shall be rendered in person by the authorised representative whose name appears in Annexure A hereto, who, by his signature hereto, shall also be bound by the terms of this Agreement.

OBLIGATIONS OF THE CONTRACTOR

THE CONTRACTOR shall –

- Render the **Prescribed Services** with due skill and proper care, maintaining the highest professional standard at all times.
- Perform such **Prescribed Services** at the **Client's** premises or other locations as are agreed to between himself and the **CLIENT**, which agreement shall not be unreasonably withheld.
- While on the **Client's** premises adhere to such standard health and safety and security measures as may reasonably be required by the **CLIENT**.
- While rendering the prescribed services, maintain professional standards of conduct in relation to the representatives and employees of the **CLIENT** with whom he has contact.
- During the currency of this Agreement, accept only such other assignments as will not impede his ability or conflict with his obligation to render the **Prescribed Services** within the time period specified in Annexure A hereto.
- Refrain from any action, which may prejudice or be adverse to the business interests of any **CLIENT** or the **Company**.
- Not, for a period of 12 (twelve) months from the date on which **THE CONTRACTOR** was introduced to the **CLIENT** by the **Company**, or the last date on which **THE CONTRACTOR** rendered the **Prescribed Services** to the **CLIENT**, whichever is the later, regardless of any cancellation of this Agreement, and whether for reward or not, directly or indirectly, render to the **CLIENT** services of the same or similar nature to the **Prescribed Services** or similar to the services supplied by the **Company** or furnish any information or advice (whether written or oral) to the **CLIENT** or use any other means or take any other action which is directly or indirectly designed, or in the ordinary course of events calculated, to result in such **CLIENT** terminating its association with the **Company** or accepting the rendering of the aforementioned services from any person other than the **Company**, or attempt to do so.

Please initial here _____ 2

- In the event that **THE CONTRACTOR** is requested to render services to the **CLIENT** other than in terms of an agreement between him and **the Company**, to advise **the Company** of that request and take such steps as may be necessary to procure that the services be rendered to the **CLIENT** in terms of an agreement with **the Company**. If **THE CONTRACTOR** fails to notify **the Company** of such a request, he shall be liable to **the Company** for such loss as it may suffer as a result thereof, including, but not limited to, the payment of any placement fee which may have been payable had **THE CONTRACTOR** been placed in the employment of the **CLIENT** by **the Company**.
- Submit to the Principals of the **CLIENT** or any person nominated by them such information and reports as may be reasonably required of him in connection with the rendering of any **Prescribed Services** in terms hereof and Annexure A hereto.
- On completion of the **Prescribed Services** and on cancellation of this Agreement for whatever reason, return to the **CLIENT** all reports, manuals, research papers, letters and/or other documents or information stored electronically or remotely or in any other form and all copies thereof which were created, compiled or brought into being by **THE CONTRACTOR** or came into his possession during the course of the rendering by him of the **Prescribed Services**.
- Have means of transport available to provide for his own transport.
- Ensure that at all times he has access to such facilities and equipment as he may require for the purpose of rendering the **Prescribed Services**.
- Be solely responsible for the administration of his own business affairs.
- Not accept any fee or gift from the **CLIENT** without the written permission of **the Company**. Warrant that he will comply with all laws, by-laws and regulations, and to obtain whatever permits and licenses necessary to fulfil its obligations in terms of this Agreement.
- Be liable to the **CLIENT** for any loss that the **CLIENT** may suffer as a result of any theft, fraud, and breach of confidentiality or other criminal act of **THE CONTRACTOR**.
- Be required to sign a "Confidentiality and Non-Disclosure contract" between the **CLIENT** and **THE CONTRACTOR**, if so required by the **CLIENT**.
- Be required to complete time sheets, which must be signed and accepted by the **CLIENT**. The time sheets must accurately record work duration and activities.
- Work hours acceptable to **the Company** or to the **CLIENT**, in line with accepted business practices.
- Adhere to specific delivery times to that of the **CLIENT** and ensure that its performance will meet the specifications / requirements of the **CLIENT**.
- Adhere to the terms and conditions of contracts entered into between **the Company** and its clients and / or customers.
- Be responsible for obtaining whatever permits and licenses are necessary to enable **THE CONTRACTOR** to carry out **THE Contractor's** obligations under this Agreement. Be required to regularly update and renew all permits and licences needed to carry out the **Contractor's** obligations under this Agreement.

CONFIDENTIALITY

THE CONTRACTOR shall not during the operation of this Agreement or thereafter use for his own benefit or for the benefit of any other person or divulge or communicate to any person except to those officials of **the Company** or the **CLIENT** whose province it is to know same, the secrets of **the Company** or the **CLIENT** or any other information which he may receive or obtain in relation to **the Company's** or the **Client's** affairs or those of its customers or of the working of any process or invention or marketing technique which is carried on or used by **the Company** or the **CLIENT** and shall sign all reasonable confidentiality clauses that the **CLIENT** may require him to sign. **THE CONTRACTOR** shall further co-operate with **the Company**, its **CLIENT** and any other persons **the Company** or the **CLIENT** may designate to obtain such security clearance as the **CLIENT** requires. This applies to **THE CONTRACTOR** and all persons who assist **THE CONTRACTOR** in rendering the **Prescribed Services** in whatsoever capacity.

INVENTIONS, DISCOVERIES AND COPYRIGHT

THE CONTRACTOR shall, if and when required by the **CLIENT**, apply or join the **CLIENT** at the **Client's** expense in applying for Letters Patent or other equivalent protection in the Republic of South Africa or in any other part of the world for any discovery, invention, process or improvement made in the course and scope of rendering the **Prescribed Services** and shall at the **Client's**

Please initial here _____ 3

expense execute all instruments and do all things necessary for the vesting of the said Letters Patent or other equivalent intellectual property right protection in the name of the **CLIENT** as sole beneficial owner or in the name of such other persons as the **CLIENT** may nominate. No additional consideration shall be payable to **THE CONTRACTOR** either by the **CLIENT** or the **Company** in respect of such transfer of intellectual property rights.

CONSIDERATION

THE CONTRACTOR shall be paid the amount calculated in accordance with Annexure A hereto for the rendering of the **Prescribed Services** on the following conditions:

THE CONTRACTOR shall record all hours spent by him in rendering the **Prescribed Services** on a timesheet approved by the **Company** and countersigned by an authorised representative of the **CLIENT** in confirmation of such hours.

THE CONTRACTOR shall present the **Company** with a formal timesheet for hours worked, in accordance with timesheets authorised by the **CLIENT**. The timesheets shall be delivered to the **Company** herein.

- The **Company** does not guarantee a minimum monthly contract fee.
- The **Company** will not pay **THE CONTRACTOR** a retainer.

THE CONTRACTOR shall be liable for any taxes or duties (and any interest and penalties in relation to any taxes or duties) which may become payable in relation to any amounts paid by the **Company** to **THE CONTRACTOR** in terms hereof (including VAT, if applicable) and **THE CONTRACTOR** hereby indemnifies the **Company** and holds it harmless against such liabilities.

THE CONTRACTOR reserves the right to proceed on either planned or sick absence, at no cost to the **Company**, provided that, in the case of planned absence, at least two weeks advance notice is given to the **Company** and such absence is agreed to by **THE CLIENT**. No fee shall be chargeable in respect of any absence due to illness, voluntary absence or public holidays.

LIABILITY

The **Company** shall not be liable for any damage arising out of injury to **THE CONTRACTOR** suffered whilst such person is on any premises owned by the **Company** or the **CLIENT** arising out of damage to or loss of any property belonging to such person on such premises or property, whether such injury or damage or loss is caused by negligence of the **Company**, the **CLIENT** or any of their employees or agents or by any other cause. **THE CONTRACTOR** hereby indemnifies the **Company** and the **CLIENT** against such claim or liability.

THE CONTRACTOR indemnifies the **Company** against any claims of the Receiver of Revenue, (PAYE, VAT) Workmen's Compensation Board, Regional Council Board or Unemployment Insurance Fund (UIF).

The **Contractor** is responsible for obtaining whatever permits and licenses are necessary to enable **THE CONTRACTOR** to carry out **THE Contractor's** obligations under this Agreement. Be required to regularly update and renew all permits and licences needed to carry out the **Contractor's** obligations under this Agreement. Failure to obtain the said permits and licences will in no way make **The Company** liable for any damages or injuries or loss caused through negligence of **The Contractor**.

ACKNOWLEDGEMENTS BY THE CONTRACTOR

THE CONTRACTOR is an independent contractor and nothing in this Agreement should be construed as constituting an employment relationship between **THE CONTRACTOR** and the **Company**. **THE CONTRACTOR** acknowledges that this Agreement is not subject to any employment law or statute.

That the representatives of **THE CONTRACTOR** are not the employees of the **Company** and that the **Company** shall have no liability, in respect of any breach by **THE CONTRACTOR**, or of any of the terms of any of his agreements with his representatives. **THE CONTRACTOR** acknowledges that its relationship with its representatives in no way constitutes a temporary employment service and the provisions of Section 198 of The Labour Relations Act 66 of 1995 do not apply.

The **Company** is a customer of **THE CONTRACTOR** and this Agreement does not constitute and shall not be deemed to create a principle/agent relationship or joint venture or partnership between the **Company** and **THE CONTRACTOR**.

TERMINATION

Should either party commit any breach of his obligations in terms hereof and fail to remedy that breach within 7 (SEVEN) days after receipt of written notice to do so, whether sent by post, delivered by hand or sent by fax (subject to proof of delivery), the other party shall be entitled to terminate this Agreement.

The Company shall be entitled to cancel this Agreement with immediate effect in the event that the CLIENT cancels its agreement with the Company for the supply by it of the Prescribed Services by THE CONTRACTOR and in such event the Company will have no further obligation to THE CONTRACTOR.

In the event of the Company not receiving payment from the CLIENT on due date, the Company reserves the right to withdraw THE CONTRACTOR from the CLIENT without further notice. In the event of such non-payment taking place, the Company reserves to itself the right to cancel this Agreement immediately and in such event the Company will have no further obligation to THE CONTRACTOR.

CESSION AND ASSIGNMENT

THE CONTRACTOR shall not cede any of his rights nor assign any of his obligations hereunder without the prior written consent of the Company.

AUTHORITY TO REPRESENT THE COMPANY

Notwithstanding anything to the contrary contained herein, THE CONTRACTOR acknowledges that he has no authority whatsoever to represent the Company in any capacity whatsoever. In particular, but without limiting the generality of the foregoing, THE CONTRACTOR shall not be entitled to conclude any contracts on behalf of the Company nor to sign any document on behalf of the Company.

INDULGENCE

No relaxation or indulgence granted by the Company to THE CONTRACTOR shall be deemed to be a waiver of any of the Company's rights in terms hereof nor shall any relaxation or indulgence be deemed to be a notation of any of the terms and conditions of this Agreement.

ENTIRE CONTRACT

This document, together with Annexure A supersedes all prior agreements between the Company and THE CONTRACTOR and constitutes the entire agreement between the parties hereto and no agreement at variance with the terms and conditions of this Agreement shall be of any force of effect unless in writing and signed by the Company and THE CONTRACTOR.

DOMICILIUM

The parties hereto choose domicilium citandi et executandi for all notices and processes to be given and served in pursuance hereof at their respective addresses as detailed in Annexure A. Any notice of change in such addresses shall be given in writing by the party concerned and delivered by hand or sent by registered mail or fax to the other party and upon notification of which the address so notified will serve as the new domicilium citandi et executandi as aforesaid.

WARRANTY OF AUTHORITY

If THE CONTRACTOR is not a natural person, the person who signs this Agreement on its behalf bind themselves jointly and severally as sureties and co-principal debtors in solidum for the performance by THE CONTRACTOR of its obligations in terms of this Agreement.

GOVERNING LAW

Please initial here _____ 5

This Agreement shall be governed by the laws of the Republic of South Africa and the declaration of any clause or part of a clause herein as invalid shall not affect the validity of the remainder hereof.

THUS DONE AND EXECUTED AT _____ on this ____ day of _____.
FOR AND ON BEHALF OF **THE CONTRACTOR** who by signature hereof warrants his authority to so sign.

_____ SIGNATURE	_____ NAME (Type or Print)	_____ TITLE
--------------------	-------------------------------	----------------

WITNESS:

1. _____
2. _____

THUS DONE AND EXECUTED AT _____ on this ____ day of _____.
FOR AND ON BEHALF OF **the Company** who by signature hereof warrants his authority to so sign.

_____ SIGNATURE	_____ NAME (Type or Print)	_____ TITLE
--------------------	-------------------------------	----------------

WITNESS:

1. _____
2. _____

DeVile Centre, 401B, 4th Floor
Wellington Road, Durbanville
P O Box 1382, Durbanville, 7551
Tel: (021) 975 1170
Fax: (021) 975 2108/6099
E-mail: mlie2@mouldmed.co.za
mlie@mouldmed.co.za

ANNEXURE A

It is the Companies discretion and right to choose without explanation to whom certain positions would be offered. Positions are offered to Contractors as they are offered to the Company and the Company can not be held responsible for the availability of positions. The terms of this agreement will only take affect when the contractor indicates acceptance.

Service as a Contractor:

The Contractor agrees that on his/her acceptance of a placement by the Company, he/she will serve as a Contractor at the selected client for the specified dates and times and shall furthermore comply with any specific requests pertaining to the service to be provided at such a client, within ethical reason.

During the said period, the Contractor shall attend diligently to the medical patients in the practice as expected by the industry standards and the client's expectations.

Timekeeping

It is the responsibility of the Contractor to submit timesheets to the Company on a regular basis. Timesheets must be faxed to the Company with a minimum interval of one week or at the end of any placements shorter than one week. All time sheets must indicate clearly the start and end times of the shift, date of the shift and duration of the shift excluding any breaks taken. The timesheet must be signed by the Contractor for each shift worked and also signed by the duly authorized person as identified by the Client.

Should the Contractor not adhere to the procedures of timekeeping as above, delays in the payment of the contract of the Contractor will be inevitable.

Contractor Fee

Subject to providing the services as outlined above, the contractor will be paid in the following manor:

The Client will be invoiced weekly/bi weekly/monthly upon completion of the Contractors service/s.

- 1) Month: from 26th to 25th of following month. E.g. 26 July 2005 to 25 August 2005
- 2) The Companies books are closed off at the end of each month. E.g. 31 August 2005
- 3) After completion for the month (e.g. 31 August 2005), all the fees received during the applicable month (e.g. August) is transferred to the Contractor.
- 4) The remainder of the fees after the completion of the contract will be paid over to the Contractor as soon as the Company receives the fees from the Client (e.g. during September).
- 5) Private Practices normally pay at the end of the month.
- 6) Government Institutes take between 4 and 6 weeks after date of invoice to pay the Company.
- 7) Timesheets to be faxed weekly to the Company. (Shifts worked more than 2/3 days)
- 8) Contractors that only work 1 or 2 days a week, please fax timesheet the same afternoon to the Company.

Breach

The Candidate undertakes that he/she will inform the Agency immediately of any offer of employment, whether the offer is for permanent or on a temporary basis from any Client whom the Candidate was assigned or introduced to by MLIE within a period of 6 (six) consecutive months from the last day of the placement at any Client of MLIE. The Candidate acknowledges that if any of the above undertakings are breached in any respect, the Candidate will be liable to pay the Agency immediately a penalty fee of R10,000-00 (Ten Thousand Rand) excluding vat.

Personal information of the Candidate disclosed to the Client, once released, binds the Client contractually with the Agency. The Client once introduced will not directly or indirectly be solicited for employment. The Client will not interfere or entice the Candidate away from the Agency regardless of any contact made prior to the introduction. The use and retention of this Candidate remains at the discretion of the Agency. The Candidate may not be retained by the Client under any circumstances without prior consent of the Agency.

PERSONAL DETAILS

Please initial here _____7

PERSONAL DETAILS

Title											Surname																		
Full Names																													
Specialization																													
Tel:											In Case of Emergency contact																		
Cell											Name																		
E-mail																													
Marital Status <i>(Please Tick Box with an X)</i>		Married					Single					Divorced					Married IN /OUT Community of Property <i>(TICK BOX with X)</i>		IN			OUT							
Residential Address												Postal Address <i>(To be used for Pay slips & IRP 5)</i>																	
										Code:										Code:									
Date of Birth																				Nationality									
Identity number <i>(Please attach clear copy)</i>																													
Passport Number																													
Country																													
TAX Number: <i>(If Registered with SARS) Please complete NB!</i>																													
TAX Office: <i>(Area) Please complete NB!</i>																													

QUALIFICATIONS OBTAINED

Qualification	Institution	Year

MEDICAL REGISTRATIONS HELD

Registration Body	Country	Registration Number
Malpractice insurance Company		
Malpractice insurance Number		

BANKING DETAILS- Please specify where necessary

Bank											Savings / Cheque / Current / Other				
Account Holder											Own / Joint / 3 rd Party				
Account number											Branch code				

I hereby confirm that the above mentioned information is true and correct.

Candidate										Date				
-----------	--	--	--	--	--	--	--	--	--	------	--	--	--	--

Protection of Personal Information (POPI Act)
 Mouldmed Locum International Exchange Ltd. acknowledges that it cannot contract out of the provisions of the POPI Act and, to this end, should the provisions of the POPI Act apply in respect of any of the services rendered in terms of this advertisement / recruitment / web-site etc., the provisions of the POPI Act will prevail over any provisions contained in the aforementioned that may be contrary to such provisions, provided that Mouldmed Locum International Exchange Ltd. expressly acknowledges that this clause will only apply in relation to aspects of the service/s to which the POPI Act will apply in law.
 The Parties cannot sue each other or the Information Officer for any loss, damage or injury which they suffer unless:
 the Party being sued was grossly negligent; and
 the Party being sued has breached the provisions of the POPI Act.

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MEDICAL & GENERAL RECRUITMENT

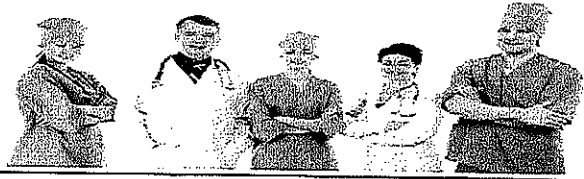
AGREEMENT OF CONSENT:

I, Dr _____, Identity number _____ hereby gives consent to Mouldmed Locum International Exchange, in its capacity as a medical recruitment agent, for the following:

- 1. To contact my referees of reference letters/reference contact details provided.
- 2. To add me to a WhatsApp Group to be able to see all available shifts/ open positions.
- 3. I hereby confirm that I have an active Mal Practice insurance in place, and give consent to confirm these details with my broker who administers this insurance.
- 4. I hereby confirm that I have no criminal record according to, national and International Jurisdictions.
- 5. I hereby confirm that I am not listed on the South African Sexual Offenders Register.

Dated at _____ this _____ day of _____ 2024.

Locum



AGREEMENT OF INDEMNITY

Whereas _____, Identity number _____ (hereafter referred to as "the locum") is a locum doctor sourced by Mouldmed Locum International Exchange, in its capacity as an agent, on behalf of the Principle being Private practices and Private EC units.

The locum indemnifies Mouldmed Locum International Exchange, with registration number 1998/013613/06 (hereafter referred to as "MLIE") in regards to all claims.

Now therefore the parties agree as follows:

The locum indemnifies MLIE and holds it harmless against any claim by any third party in respect of any liability relating to or arising out of the locum / agency agreement entered into between him / herself and MLIE, even if the cause of action arose prior to the signature date. This indemnity specifically includes any injuries and /or illness sustained on duty by the locum, which includes the Covid – 19 virus (corona virus). Should any such claim be made against the locum, he/she will be obliged immediately to settle or defend such claim together with all costs connected therewith and indemnify MLIE.

Dated at _____ this _____ day of _____ 2024.

AS WITNESSES:

1. _____

2. _____


Locum

Dated at _____ this _____ day of _____ 2024.

AS WITNESSES:

1. _____

2. _____



(Gerrit Theron duly authorized on behalf of "MLIE")



Identification of Vulnerable candidates.

COVID 19

Name & Surname _____

Contact number _____

Designation _____

1. Have you been diagnosed with any of the following conditions or receiving treatment for them?

Yes No (if yes choose from the list below)

Blood or bone marrow cancers which includes lymphoma, leukemia or myeloma at any stage.

Undergoing chemotherapy, immunotherapy, antibody treatments, radiotherapy or PK inhibitor for cancers.

(this includes Immunosuppressive treatments not listed above for cancers not listed above)

Had solid organ transplants, stem cell or bone marrow transplants within 8 months on Immunosuppressive therapy.

Any illness where risk of infections are increased.(examples includes rare diseases or inborn errors of metabolism)

Immune modulatory treatments such as DMARDS

Immunogenicity medications

Uncontrolled diabetes

Compromised immune system or low CD4 Count

Are you currently pregnant?

2. Are you currently suffering from any of the following conditions?

Yes No (if yes choose from the list below)

Hypertension with significant micro and macro complications. (Uncontrolled Hypertension)

Poorly controlled asthma, moderate to severe asthma.

Chronic lung diseases such as bronchiectasis/COPD

Complicated heart disease

Poorly controlled diabetics with significant complications

Chronic liver diseases

Renal failure or specific renal conditions

Impaired immune systems (such as people who have received cancer treatment in the last 6 months, or who have auto-immune disease and are on immunosuppressant medication, or who take regular high doses of corticosteroids).

Any illness that may cause your immune system to be compromised

3. Are you currently suffering from any other severe conditions that you may consider as a high risk or which may impede your ability to function during COVID-19 Pandemic

Yes No If yes, please provide details:

4. Are you 60 years or older?

Yes No

Signature

Date

Please be aware that your information will be disclosed to the HRBP and Icon/Occupational health service provider. In certain circumstances supporting evidence of the illnesses may be required.

ANNEXURE 1

NAME _____ CONTACT NUMBER _____

LOCATION _____

Do you have any of the following conditions? (In certain instances a medical note will be required)

- | |
|---|
| <ul style="list-style-type: none">• HCW who has blood/bone marrow cancers which includes lymphoma, leukaemia or myeloma at any stage.• Those HCW that are undergoing chemotherapy, immunotherapy, antibody treatments, radiotherapy PK inhibitor for cancers. This also includes immunosuppressive treatments not listed above for cancers not listed above• HCW who had solid organ transplants, stem cell or bone marrow transplants within 8 months on immunosuppressive therapy• HCW where the risk of infections is increased due to rare diseases or inborn errors of metabolism• Immune modulatory treatments bDMARDs (Disease-modifying antirheumatic drugs)• HCW on immunogenicity medications• Uncontrolled diabetes• HIV with low CD4 count |
| <ul style="list-style-type: none">• Hypertension with significant micro and macro complications• HIV + employees with low CD4 counts• Poorly controlled asthma, moderate to severe asthma• Chronic lung diseases such as bronchiectasis/ COPD• Chronic liver diseases• Renal failure and specific renal conditions• The listed illnesses is not exhaustive and each case should be reviewed on a case by case basis |

Other severe conditions that you may consider as high risk/ may impede your ability to function during COVID 19 Pandemic

Signature _____

Date _____

DECISION IN CONSULTATION WITH HR/INCON/IPC/PN

Employee _____ HRBP _____ Date _____