

COVID-19 Vulnerable Staff Member

WHS-PRO-FORM-006j



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Section 1. Staff Member information *(completed by Supervisor and Staff Member together)*

Staff Member's name		Position Title	
Supervisor's name		Supervisor's Position	
Vulnerable Staff Member Declaration	<input type="checkbox"/> I am classified as vulnerable under the definition found in WHS-PRO-GUI-006h COVID-19 Guideline for Managing Vulnerable Staff		
	Signature:		

Section 2. Risk Controls

Work Task	COVID-19 Related Controls

Section 3. Agreed Temporary Work Arrangement Changes

(for example – change in duties, paid special leave)

Section 4. Agreement and Approval

Staff Member's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____
Treating Medical Practitioners Signature: _____	Date: _____
Treating Medical Practitioner comments:	

Review date (maximum 3 months):