

ANNEXURE 9

COVID-19 COMORBIDITIES REGISTER

Employee name:

Employee number:

Workplace:

	Yes	No
Hypertension		
Pneumonia		
Anxiety		
Depression		
Coronary artery disease		
Osteoporosis		
Diabetes		
Chronic kidney disease treated with dialysis		
Obesity		
Other		
Signature: _____	Date: _____	