



Declaration by attending doctor for suspected/confirmed Covid-19 (Corona Virus) claim

Important:

- To be completed by the attending doctor only. (If abroad, provide all medical documentation in English)
- An accurately completed form is essential in order to avoid delays in the assessment process. Please complete all questions.
- Legible copies of original documents may be submitted instead of the originals.

Please supply the following additional completed document:

- Legible copies of certificates of illness provided by attending doctor. (If available.)

Contact details for Living Benefit Claims

Telephone number: (021) 916-3455
 Fax number: (021) 947-5804
 e-mail address: sickness@sanlam.co.za

Plan number(s) _____

Particulars of claimant

Surname _____

Full first names _____

Date of birth _____ (dd/mm/ccyy)

Residency: SA resident Non-SA resident (Specify) _____

Current residential address _____

General practitioner's contact details:

Name and surname of treating doctor _____

Contact number _____

Signature of consulting doctor _____

How was your consultation with the patient done? Please mark below:

Telephonic Face to face Other* (Specify if "other") _____

Please comment on the symptoms reported by your patient

Date of symptom onset: _____ (dd/mm/ccyy)

Symptoms (tick all that apply):

Fever ($\geq 38^{\circ}\text{C}$) Cough Chills Sore throat Shortness of breath

Vomiting Diarrhoea Myalgia/body pains No symptoms yet/currently

Other (Specify if "other") _____

Have you contacted NICD for "Person under investigation" form and advice?

If yes, please comment _____

Prerequisite for testing

In the 14 days before symptom onset, did the patient (mark all that apply):

Question	Yes	No	Unknown
Have close physical contact with a known 2019-nCoV case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have close physical contact with an ill traveller from China or other countries where 2019-nCoV is circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient is a healthcare worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient has visited a health care facility (as a patient or visitor) in China or in other countries where 2019-nCoV is circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient travelled to/from Wuhan, China or in countries where 2019-nCoV is known to be circulating or where human infections have recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any travel outside SA in the last 14-days, please complete section below for countries visited:

Country visited (Please specify the city travelled to) _____

Date of departure (travel to area) _____ (dd/cc/mmyy)

Date of return (travel from area) _____ (dd/cc/mmyy)

Underlying factors/comorbid conditions/treatment/management

Please comment on any chronic condition including immuno-compromised state as well as immune-suppressive therapy:

Recommendation to patient

Self-isolation/quarantine _____

Laboratory screening, if no lab testing done, comment on reason _____

Discharge, if yes, please specify the date _____ (dd/cc/mmyy)

Currently hospitalised _____

Transferred Name of facility _____

Other (specify) _____

Dates for recommended quarantine or sick leave

From: _____ (dd/mm/ccyy) to _____ (dd/mm/ccyy)