

Annex 3F

Example of Notification Form for Employees

Suspected infection case at work

Details of affected employee

Name:	Department/worksite:	Location of isolation:
Job title:	Nationality:	NRIC / Passport no*.::
Address:		
Contact number: _____ (W) _____ (H) _____ (M)		
Symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Body aches <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Tiredness <input type="checkbox"/> Dry cough <input type="checkbox"/> Headache <input type="checkbox"/> Runny nose <input type="checkbox"/> Others Details: _____		
Date & time of fever onset:		
Date & time of isolation:		
Travel history over the last 14 days		
Countries visited:		
Flights taken:		

Details of recording employee

Name:		
Job title:		
Address:		
Contact no: _____ (W) _____ (H) _____ (M)		
Date & time of recording:		

*Note: Information captured is used for contact tracing if required