



MASENO UNIVERSITY

SCREENING FORM FOR STAFF WITH PRE-EXISTING MEDICAL CONDITIONS

INTRODUCTION

The purpose of this form is to help identify staff members with special needs in relation to the Covid-19 disease. Special needs refer to pre-existing medical conditions that can make someone more vulnerable to COVID-19 complications with worse outcome compared to normal population. The University gives an assurance that the information will be treated with the confidentiality it deserves.

PERSONAL IDENTIFICATION

Name: _____
PF No/ : _____ Gender _____
Year of Birth: _____
Phone No.:- _____
Email address: _____
County of origin _____
Sub County: _____
Department: _____

CO-MORBIDITY

Do you have any co-morbidity (illness) that may not enable you to work normally during this COVID-19 pandemic?

YES _____ NO _____

If yes, report to University Medical Officer for assistance.

I certify that the information provided is correct.

Signature _____ Date _____

FOR OFFICIAL USE ONLY.

Recommendation by University Medical Officer.

