

GUESTS

Due to the COVID-19 pandemic, the company is required by law to implement new policies and safety measures. This information will only be used according to regulations and for no other purpose.

All guests are required to have their temperature scanned with a thermal thermometer and complete the questionnaire below.

TEMPERATURE

- If your temperature falls within the normal range and/or you do not show any symptoms you will be required to sanitize your hands before completing this form.
- If your temperature is high (actual temperature at screening should not exceed 37.5 degrees Celsius) and/or you have symptoms of the virus you will not be allowed to check-in and will be referred to a medical facility.



QUESTIONNAIRE

- I hereby declare that I am FREE from the following conditions/ symptoms:

SYMPTOM	YES	NO	IF NO, PLEASE PROVIDE DETAILS
FEVER			
COUGH			
SHORTNESS OF BREATH			
RUNNY NOSE			
HEADACHE			
SORE THROAT			

- Travel history for past 14 days:

TRAVELLED TO AFFECTED COUNTRY	YES	NO	IF YES, PLEASE PROVIDE DETAILS
NAME OF COUNTRY			DATE OF TRAVEL
NAME OF CITY OR CITIES			DATE OF RETURN
NAME OF COUNTRY			DATE OF TRAVEL
NAME OF CITY OR CITIES			DATE OF RETURN

- Within the last 14 days have you had direct contact with someone known or suspected to have contracted the Coronavirus disease (COVID-19)?

YES	NO	IF YES, PLEASE PROVIDE DETAILS BELOW

PERSONAL DETAILS

FULL NAME	AGE	I.D./PASSPORT No.
HOME ADDRESS		
MOBILE	EMAIL	

I agree that the above information provided is, to the best of my knowledge, complete and true:

DATE _____