

GUEST SCREENING QUESTIONNAIRE



RIGHT OF ADMISSION RESERVED

NOTE: As per the regulations to the Disaster Management Act, 2002 published on 17 March 2020, any persons who Intentionally -

1. Misrepresents that he/she/any other persons is infected with COVID-19 is guilty of an offense and on conviction can be fined and/or imprisoned (for up to 6 months)

2. Exposes another person to COVID-19 may be prosecuted for an offense, including assault, attempted murder or murder

GUEST DETAILS			
NAME		SURNAME	
ID/PASSPORT NUMBER			
CONTACT TEL NUMBER			
EMERGENCY CONTACT NUMBER			
TEMPERATURE READING			
GUEST SIGNATURE		DATE	

HEALTH QUESTIONS

1. Are you feeling generally well? YES/NO

2. If no, do you have any of the following symptoms?

- Cough	YES/NO
- Fever / Chills	YES/NO
- Sore throat	YES/NO
- Shortness of breath	YES/NO

3. Have you travelled internationally in the last 30 days? YES/NO

If yes:

a) Which country (s) have you visited?		Dates:	
b) From which country did you return?		Dates:	

4. In the last 14 days, to your knowledge, have you been in close contact with anyone who tested positive for COVID-19 or is awaiting a test result? YES/NO

5. Have you attended / visited a healthcare facility treating patients for COVID-19? YES/NO

6. Are you awaiting the results of a COVID-19 test? YES/NO

CLEARED TO CHECK IN

NAME OF OPERATOR		SIGNATURE OF OPERATOR	
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