

MEDICAL & TRAVEL DECLARATION



RIGHT OF ADMISSION RESERVED

As per the regulations of the Disaster Management Act, 2002 published on 17 March 2020, any person who intentionally misrepresents that he/she/any other person is infected with COVID-19 is guilty of an offence and on conviction can be fined and/or imprisoned (for up to 6 months) OR exposes another person to COVID-19 may be prosecuted for an offence, including assault, attempted murder, or murder.

GUEST DETAILS

Full Names	
Id/Passport Number	
Cell Number	
Emergency Contact Number	
Temperature Reading	
Chalet Number	
I confirm that I am fully aware of the Government Gazetted regulations regarding COVID-19	
Guest Signature	
Date	

HEALTH QUESTIONS

1. Are you feeling generally well?	<input type="text"/>
2. If no, do you have any of the following symptoms:	<input type="text"/>
- Cough	<input type="text"/>
- Fever / chills	<input type="text"/>
- Sore throat	<input type="text"/>
- Shortness of breath	<input type="text"/>
3. Have you travelled internationally in the last 30 days	<input type="text"/>
If yes:	
a. Which country(s)	<input type="text"/>
	Date: <input type="text"/>
b. Which country did you return to SA from?	<input type="text"/>
	Date: <input type="text"/>
4. In the last 14 days, to your knowledge, have you been in contact with anyone who tested positive for COVID-19 or is waiting a result?	<input type="text"/>
5. Have you attended / visited a healthcare facility treating patients with COVID-19?	<input type="text"/>
6. Are you awaiting test results of a COVID-19 test?	<input type="text"/>

CLEARED TO CHECK-IN

Name of operator:	
Signature of operator:	