



COVID-19 GUEST SCREENING QUESTIONNAIRE

RIGHT OF ADMISSION RESERVED

We acknowledge that we are asking for more detailed information than usual. This information is to ensure we can appropriately address any risks should you, one of our guests or staff become ill with suspected COVID-19, and to ensure that in such an event, the required contact tracing can be carried out. Anyone displaying a temperature over 37.5°C whilst on our premises will be isolated for a secondary assessment.

PLEASE NOTE: As per the regulations of the Disaster Management Act, 2002 published on 18 March 2020.

1. Any person who intentionally misrepresents that he, she or any other person is infected with COVID-19 is guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.
2. Any person who intentionally exposes another person to COVID-19 may be prosecuted for an offence.

GUEST DETAILS

GUEST NAME AND SURNAME			
ID / PASSPORT NUMBER			
RESERVATION NUMBER			
RESIDENTIAL ADDRESS			
CONTACT NUMBER			
EMERGENCY CONTACT NUMBER			
TEMPERATURE READING	WILL BE TAKEN UPON ARRIVAL		
GUEST SIGNATURE	TO BE SIGNED UPON ARRIVAL	DATE	ARRIVAL DATE

KINDLY ENSURE THAT YOU PRINT A COPY FOR EACH FAMILY MEMBER OR DELEGATE STAYING WITH US AND PRODUCE UPON ARRIVAL.

HEALTH QUESTIONS

PLEASE MARK THE APPLICABLE ANSWER WITH A X

Are you feeling generally well?

YES	NO
-----	----

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
-----	----

Loss of smell OR loss of taste

YES	NO
-----	----

Have you traveled internationally in the last 30 days? If yes:

Which country(s) have you visited?

	DATES:
--	--------

Which country did you return to South Africa from?

	DATES:
--	--------

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 their test results?

YES	NO
-----	----

Have you attended / visited a healthcare facility treating patients for COVID-19?

YES	NO
-----	----

Are you awaiting test results of a COVID-19 test?

YES	NO
-----	----

GUEST DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct, and contents of this medical screening questionnaire was completed no more than 12 hours prior to check in at property.

GUEST NAME		GUEST SIGNATURE	
------------	--	-----------------	--

CLEARED TO CHECK-IN

GUEST NAME	UPON ARRIVAL	GUEST SIGNATURE	SIGNED UPON ARRIVAL
FOREVER RESORTS PROPERTY	PROPERTY NAME	DATE AND TIME	COMPLETED UPON ARRIVAL

Disclaimer: The screening does not replace professional medical consultation. Please seek professional medical advice and assistance if you show any of the above symptoms or have had contact with a person who tested positive for COVID-19 in the last 24 hours. Hotline number 0800 029 999 or WhatsApp on 0600 12 3456.

COVID Alert South Africa app is available for download



KINDLY ENSURE THAT YOU PRINT A COPY FOR EACH FAMILY MEMBER OR DELEGATE STAYING WITH US AND PRODUCE UPON ARRIVAL.