

## GUEST SCREENING QUESTIONNAIRE

### RIGHT OF ADMISSION RESERVED

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

1. 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)
2. Exposes another person to COVID-19 may be prosecuted for an offence, including assault, attempted murder or murder

### GUEST DETAILS

NAME		SURNAME	
ID/PASSPORT NUMBER			
CONTACT TEL NUMBER			
EMAIL ADDRESS			
PHYSICAL ADDRESS			
EMERGENCY CONTACT NAME		NUMBER	
TEMPRATURE 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Fever   Chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you travelled internationally in the last 30 days?  
if yes:
 

a Which Country(s) have you visited	<input type="text"/>	Dates: <input type="text"/>
b Which Country did you return to South Africa from?	<input type="text"/>	Dates: <input type="text"/>
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 waiting a test result?  YES  NO
5. Have you attended | visited a healthcare facility treating patients for COVID-19  YES  NO
6. Are you awaiting test results of a COVID-19 test?  YES  NO

### CLEARED TO CHECK IN

NAME OF OPERATOR		SIGNATURE OF OPERATOR	
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**PLEASE NOTE: SHOULD YOU TEST POSITIVE FOR COVID-19 WITHIN 14 DAYS OF LEAVING THIS ESTABLISHMENT YOU ARE TO NOTIFY US IMMEDIATELY**