

**Guest Temperature – Office Use**

**GVPC Declaration Form**

**COVID-19 – GUEST INFORMATION FORM**

RIGHT OF CONVEYANCE OR ADMISSION RESERVED

We appreciate that yo are asking for more detailed information than usual. This information is to ensure we can address appropriately any risks should you or 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. All information provided will only be shared with authorised persons.

NOTE: As per the regulations to 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).

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

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| --- |
| **GUEST DETAILS** |
| Name |  | Surname |  |
| ID / Passport Number |  |
| Contact Tel Number - Cell |  |  |
| Email Address |  |  |
| Country/Place/Town of Residence |  |  |  |
| Emergency Contact Name *(Not Travelling with You)* |  | Mobile Number |  |
|  |  |  |  |
| **GENERAL HEALTH QUESTIONS** |
|  |
| Please rate your overall fitness level on a score of 1 - 5 where 5 = very fit, 3 is average fitness & 1 = unfit? |  | Do you suffer from any of the following chronic ailments? |
| Circle your rating | **Choose a Level** |  | Diabetes | **Select Answer** |
|  |  |  |  |  |  |  |  | Cardiovascular Disease | **Select Answer** |
|  |  |  |  | Hypertension | **Select Answer** |
|  |  |  |  |  |  |  |  |  |
| Are you a smoker? | **Select Answer** |  | Are You? | **Select Your Age** |
| Have you recently quit smoking | **Select Answer** |  |  |  |
|  |  |  |  |  |  |  |
| Do you have any physical impairments? Please indicate |
|  |
|  |
|  |
|  |  |  |  |  |  |
| Have you travelled internationally in the last 30 days? | **Select Answer** |  |
| **If Yes** |  |  |  |
| Which Country(s) have you visited? | Date | **Choose Date** |
| If SA Resident, which country did you return to SA from? | Date | **Choose Date** |
|  |  |  |  |  |  |  |  |
| In the last 14 days, to your knowledge, have you been in close contact with anyone who tested positive for COVID-19, or is in quarantine, or is awaiting a COVID-19 test result? | **Select Answer** |
|  |  |  |  |  |  |  |  |
| Are you awaiting test results of a COVID-19 test | **Select Answer** |
|  |  |  |  |  |  |  |  |
| Do you have travel insurance which covers your medical and quarantine and isolation costs in the event you come into contact with COVID-19 positive people or contract COVID-19? (Applicable to international visitors only) | **Select Answer** |
|  |  |  |  |  |  |  |  |
| Guest Signature |  | Date |  |