



## GUEST COVID DATA FORM:

Date: \_\_\_\_\_

First name:	Last name:
Email:	Company:
Contact telephone:	Local mobile:
Country of residence:	Nationality:
Sa ID or Passport:	
Home address:	

Covid-19 related questions					
Age			Gender	M	F
High fever	Y	N	Cough	Y	N
Shortness of breath	Y	N	Sore throat	Y	N
Have you travelled outside of South Africa in the last 14 days				Y	N
Are you returning home after your visit				Y	N
If you are not returning to your home address, where are you going?					
Have you been in direct contact with someone known to have contracted Coronavirus (COVID-19)				Y	N
If yes, please provide detailed information					

I, \_\_\_\_\_ pledge that the above information is true and correct.