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

Indemnity:
I am aware of the serious health risks associated with the rapid spread of the Coronavirus (COVID-19) ("the virus") worldwide. The use of all equipment and facilities is at the user's own risk pertaining to COVID-19. I indemnify the ATKV, directors, managers, staff and/or helpers from any claims that may arise from illness, death and injuries of whatever nature suffered as a result of COVID-19 during my visit to ATKV - (Resort). Read in conjunction to indemnity document no.___________________.

GUEST DETAILS

NAME		SURNAME	
ID / PASSPORT NUMBER			
CONTACT TEL NUMBER			
EMERGENCY CONTACT NUMBER			
TEMPERATURE READING			
RESERVATION NO		GUESTS	
GUEST SIGNATURE		DATE	

HEALTH QUESTIONS

Question	Answer
1 Are you feeling generally well?	YES / NO
2 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
3 Have you travelled internationally in the last 30 days?	YES / NO
If yes:	
a Which country(s) have you visited? Date:	
b Which country did you return to South Africa from? Date:	
4 In the last 14 days, to your knowledge, have you been in close contact with anyone who tested positive 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	