



COVID-19 QUESTIONNAIRE

To prevent spread of COVID-19 and reduce potential risk of exposure to customers, employees, and families, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone visiting the Thorn Tree Bush Camp. Thank you for your participation.

Full Name & Surname*: _____

Contact Numbers*: _____ (home) _____ (cell*) _____ (Other)

Email Address*: _____ Booking/Invoice Number*: _____

Home Town*: _____ Country Residing, in if not RSA*: _____

Passport/ID Number*: _____ Country of Issue, if not RSA*: _____

Physical Address*: _____

**Mandatory fields. If you do not reside at same address, please fill a separate form.
This information is required by law from the RSA government, to find people in case of an infection.*

Self-Declaration of Visitors/Staff:

Q1: Have you been outside the Borders of South Africa in the last 14 days?

Q2: Have you had close contact with OR cared for someone diagnosed with COVID-19 within the last 14 days?

Q3: Have you been in close contact with anyone who travelled within the last 14 days to any country?

Q4: Have you experience any cold or flu-like symptoms in the last 14 days to include, fever, cough, sore throat, respiratory illness, difficulty breathing?

Please complete the form below for each member of your family/group (tick only if Yes):

Name & Surname	ID Number	Q1?	Q2?	Q3?	Q4?	Fever?	Cough?	Sore Throat?	Shortness of Breath?	Temperature Reading (taken at reception by TTBC)	Clear to stay	Initials
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	
		If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>	If Yes <input type="checkbox"/>		Clear <input type="checkbox"/>	

If the answer to any declaration or health question was "yes", access Thorn Tree Bush Camp will be denied.

Your temperature will be recorded at Thorn Tree Bush Camp (TTBC) reception and filled in upon arrival and departure.

Please ensure that you do not depart unless your temperature was recorded.

Date: _____

Signed by: _____