



CHEETAH PLAINS

PRIVATE GAME RESERVE SABI SAND

RESERVATIONS: RESERVATIONS@CHEETAHPLAINS.COM +27 (0)79 694 8430

COVID-19 GUEST INFORMATION FORM

Name & Surname:
ID / Passport Number:
Cell phone / Direct Contact Number:
Email Address:
Nationality & Residential Address:
Emergency Contact Name & Direct Number:

GENERAL HEALTH

Please rate your overall fitness level on a score of 1 - 5 (5 is very fit / 3 is average fitness / 1 is unfit)

LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4 LEVEL 5

Diabetes: YES / NO Cardiovascular Disease: YES / NO Hypertension: YES / NO

Are you a smoker or have recently quit smoking? YES / NO

Age Category: Under 65 years 65 - 70 years old 70 - 85 years old 85+ years old

Do you have any physical impairments? Supply details:

International Travel in Last 30 Days: YES / NO Countries Visited:

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? YES / NO
Are you awaiting test results of a COVID-19 test? YES / NO
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? (For international visitors only) YES / NO
Current Temperature (Prior to arrival, supplied in Degrees Celsius)

Guest Signature

Date:

DAILY HEALTH

Table with 8 columns (Date, DAY 1-7) and 12 rows (Date, House Name & Number, Daily Temperature 1, Staff Signature, Daily Temperature 2, Staff Signature, Cough, Sore Throat, Shortness of Breath, Staff Signature, Guest Signature).

Guest has received the Cheetah Plains COVID-19 briefing: YES / NO

Cheetah Plains Management Signature

Date:



POSTAL: CHEETAH PLAINS, PO BOX 403, HLUVUKANI, MPUMALANGA, 1363, SOUTH AFRICA

WWW.CHEETAHPLAINS.COM



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