

COVID-19 Restaurant / Bar Visitor Questionnaire

Please use your own pen when completing this questionnaire and hand in at the Bar prior to placing your order.

If you indicate to us you have symptoms of COVID-19 you will be asked to leave the hotel.

Visitor Details

Name: _____

Mobile No: _____

Email: _____

Date: _____

Questionnaire

Yes

No

Do you currently have, or have you ever been diagnosed as having, Covid-19?

Have you travelled abroad in the last 14 days?

If yes please state where.

Have you displayed any symptoms of Covid-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and, or loss of taste or smell?

If yes, which symptom(s) have you displayed

Do you live in the same household as someone, or have been in close contact with someone, who has displayed symptoms of Covid-19 in the last 14 days or who has a confirmed case of Covid-19?

If yes, please provide details:

If you answered Yes to any of the foregoing questions, have you consulted a Doctor or other medical practitioner?

Have you been advised by a doctor to cocoon at this time?

Have you been advised by a doctor to self-isolate at this time?

NOTE: When on site, please ensure you follow our direction in respect of Covid-19, to include our on-site standard procedures regarding infection control (social distancing, hand hygiene and respiratory hygiene measures). Information supplied in this questionnaire may be shared with any of our employees that you come into contact with and/or with the relevant authorities for contact tracing purposes.

I confirm that the above information is accurate to the best of my knowledge:

Print name: _____

Signature: _____

Date: _____