

FYNBOS ESTATE COVID-19 SCREENING REGISTER

Name : _____
Contact Cell No. : _____
Email Address : _____
Date of Arrival : _____
Date of Departure : _____

Address of last place of accommodation prior to checking into Fynbos:

Address of accommodation post Fynbos Estate visit: _____

Have you experienced any cold or flu symptoms in the past 21 days? Yes / No

If yes please provide details of symptoms experienced: _____

Are you aware of being in contact with any person/s in the past 21 days who have tested positive or are suspected of suffering from COVID-19? Yes / No

If yes please provide details of date and place: _____

Office Use

Arrival Temperature	
Mask	
Hand sanitiser	
Symptomatic	