

COVID19 DECLARATION



| "Visit at | , whi, whi, whi, whi, whi | |
|---|---------------------------------------|--------------|
| Name of Rider: | ID/Passport No: | |
| Vehicle registration number : | | |
| Health Status: | | |
| Have you been in contact with any person who has | s tested positive for Covid 19 in the | past 7 days? |
| YES/NO | | |
| Have you recently had a cold or flu like symptoms' | ? | |
| | | YES/NO |
| Have you experienced any of the following sympto | ms in the past 7 days: | |
| Cough | • | YES/NO |
| Sore / scratchy throat | | YES/NO |
| Difficulty breathing or tightness of chest | | YES/NO |
| Body aches or discomfort | | YES/NO |
| Headache | | YES/NO |
| Fatigue | | YES/NO |
| Fever | | YES/NO |
| Signature: | | |
| <u> </u> | | |
| Name of Groom: | ID/Passport No: | |
| Health Status: | , .= acepee. | |
| Have you been in contact with any person who has | s tested positive for Covid 19 in the | nast 7 days? |
| That's you been in contact that any percent who has | | YES/NO |
| Have you recently had a cold or flu like symptoms' | ? | 120,110 |
| That's you recently had a cold of his line symptome | • | YES/NO |
| Have you experienced any of the following sympton | oms in the past 7 days: | 120/110 |
| Cough | mio in the pact r dayor | YES/NO |
| Sore / scratchy throat | | YES/NO |
| Difficulty breathing or tightness of chest | | YES/NO |
| Body aches or discomfort | | YES/NO |
| Headache | | YES/NO |
| Fatigue | | YES/NO |
| Fever | | YES/NO |
| Signature: | | 120/110 |
| | . | |
| Name of Person 2: | ID/Passport No: | |
| Vehicle registration number : | Role: | |
| Health Status: | | |
| Have you been in contact with any person who has | s tested positive for Covid 19 in the | |
| | | YES/NO |
| Have you recently had a cold or flu like symptoms' | ? | |
| | | YES/NO |
| Have you experienced any of the following sympto | ms in the past 7 days: | |
| Cough | | YES/NO |
| Sore / scratchy throat | | YES/NO |
| Difficulty breathing or tightness of chest | | YES/NO |
| Body aches or discomfort | | YES/NO |
| Headache | | YES/NO |
| Fatigue | | YES/NO |
| Fever | | YES/NO |
| Signature: | | |
| | | |