



# COVID19 DECLARATION



Name of Rider:	ID/Passport No:
Vehicle registration number :	
Health Status:	
Have you been in contact with any person who has 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 symptoms 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:	

Name of Groom:	ID/Passport No:
Health Status:	
Have you been in contact with any person who has 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 symptoms 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:	

Name of Person 2:	ID/Passport No:
Vehicle registration number :	Role:
Health Status:	
Have you been in contact with any person who has 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 symptoms 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:	