

COVID-19 data form

First Name

Last Name

Home address

Email

Company

Contact Telephone

Local Mobile

Country of residence

Nationality

SA ID or Passport number

COVID-19 related questions

Age

Gender

Do you have a high fever? *

Yes No

Do you have a cough? *

Yes No

Do you have shortness of breath?

Yes No

Do you have a sore throat? *

Yes No

Have you travelled outside of South Africa in the past 14 days?

Yes No

Are you returning home after your visit?

Yes No

If you're not returning to home address after your visit, where are you going?

Within the last 14 days, did you have direct contact with someone known to have contracted Coronavirus (COVID-19)

Yes No