

# Guest Pre-Arrival Health Declaration

Full Name

Contact Number

Email Address

Date of Arrival

Country of Origin

Have you travelled internationally in the past 14 days?

Are you currently experiencing any of the following symptoms? (Cough, Fever, Shortness of breath, Sore throat, Loss of taste or smell)

Have you been in close contact with a confirmed COVID-19 case in the last 14 days?

Additional Information (if any)