



Guest Self Declaration Form

Date _____ Guest Name _____

Gender _____ Contact Details _____

Date of Birth _____ Email Address _____

Nationality _____ Permanent Address _____

Coming from _____ (Details and Route)

Mode of Transport while going back (Details of Flight/Train) _____

Expected Arrival Date and Time _____

Have you been in contact with persons suspected or confirmed to have contracted COVID-19?

Yes _____ No _____

Are you currently experiencing or have experienced any of the following COVID-19 symptoms within the last 14 days? If yes, check all that apply:

- Cough; or Shortness of breath or difficulty breathing; or Fever; or
 Chills; or Muscle pain; or Sore throat; or
 New loss of taste or smell; or Gastro intestinal symptoms like nausea, vomiting, or diarrhea

Body Temperature _____

Date: _____ Signature: _____

The data collected is required in order that we can ensure the health and well-being of our guests and the community, allowing us to contact and trace visitors in case of a Covid-19 confirmation. The data collected will be processed by our company in its current format and will not be passed on to third parties unless required legally to do so. The data will be held securely by Tazama Africa Holidays until advised by the Ministry of Health that it is safe at which point, it will be securely destroyed.