

DRIVER & PASSENGER DETAILS, SIGNATURE AND CONTACTS

DATE:

No.	First Name & Surname			Address						ID / Passport Number			Signature		
1.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Traveled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
2.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Traveled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
3.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Traveled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
4.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Traveled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
5.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Traveled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No