



COVID-19 TRAVEL GUIDE PERSONAL DECLARATION FORM

MSA monitors the situation regarding the Coronavirus daily and follows directives from the Government Health Authorities. The health and wellbeing of our community is our first priority. At this time, we will require you to answer the following questions. MSA reserves the right to deny anyone entry to the event.

First Name:	
Last Name:	
RSA ID number:	
MSA Licence number:	
email:	
Cell number:	
MSA Event:	
MSA Event Date:	
MSA Permit number:	
Location of MSA Event:	
Method of travel to event:	

Kindly attach a copy of Detailed Travel itinerary

Are you travelling in a group?	Yes	No
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If yes, kindly attach full contact details of other individuals froming your Travel Group

Have you now, or in the past 48 hours, had any of the following flu-like symptoms?

Cough	Yes	No
Shortness of Breath	Yes	No
Loss of Taste	Yes	No
Nausea / Vomiting / Diarrhoea	Yes	No
Fever / Chills / 37.5°C Measured Temperature	Yes	No
Sore Throat	Yes	No
Loss of Sense of Smell	Yes	No
Body Aches	Yes	No
Fatigue / Weakness / Tiredness	Yes	No
Persistent Pain or Pressure in the Chest	Yes	No

Have you now, or in the past 48 hours, had any of the following?

Any contact with anyone displaying any of the above symptoms	Yes	No
Any close contact with person who is COVID-19 Positive ("Close contact" means being at a distance of less than 1.5m for more than 15 minutes.)	Yes	No

Date: _____ Signature: _____

NOTE: The data collected is required in order that we can ensure the health and well-being of our community, allowing us to contact and trace people in case of a Covid-19 outbreak. The data collected will be processed by MSA in its current format and will not be passed on to third parties unless legally required to do so.