



Ons Dorp Dutch Retirement Village and Care Centre

Visitors Health Declaration Form

All visitors must complete this form before entering the Care Centre or a Villa/unit

Personal Details	Name (as it appears on your passport) Sex: (circle one) Male/Female Date of Birth:
Contact Details	Residential Address (Your original Home address): Home Phone Number..... Mobile Number..... Email address:.....
Visiting Resident Details	Who are you visiting..... Room No..... Villa/Unit No..... Purpose/Reason for your visit.....
Your Health Questionnaire	Do you have any of the following signs and/or symptoms? (please circle) Fever Yes No Cough Yes No Shortness of Breath Yes No Running Nose Yes No If you answer is “Yes” to any of the above, please leave immediately . Have you travelled overseas or locally in the last 14 days? (please circle) Yes No Where have you travelled and when?..... Have you had a close contact with a confirmed or probable case of Coronavirus (Covid-19)? Please circle Yes No Not known
Declaration	Your Signature..... (Date) (DD/MM/YYYY)

Please be advised upon entering the Care Centre or Villa/unit and meeting with a resident, maintain 1-2 metres distance with our resident.