



Dear Sir / Madam

To prevent the spread of novel coronavirus (COVID19) in our community and reduce the risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Thank you for your time.

Please email the completed form to [admin@acagroup.co.za](mailto:admin@acagroup.co.za) or the person you're meeting.

Visitor's name:		Personal Contact number (Mobile / Home):	
ID/Passport number:		Nationality:	
Meeting details			
Date:	Time:	Person meeting:	
Temperature Reading of visitor: <i>(to be confirmed by security / nominated ACA Representative on arrival at premises)</i>		Temperature reading recorded by (name):	

<b>Self-Declaration by Visitor</b>							
1.	Please confirm whether you have any of the following symptoms. Indicate Yes / No						
	Fever		Dry cough		Body Aches		Headaches
	Sore Throat		Runny Nose		Tiredness		Shortness of breath
	Other (please list)						
2.	Have you been in contact with a confirmed novel coronavirus (COVID19) patient in the past 14 days? Indicate Yes / No						
3.	Have you travelled abroad or locally in the past 14 days? Indicate Yes / No						
	If yes, please indicate which country(s) or Province(s)						

Signature (visitor):  
*(emailed copies received will be filed and accepted as signed)*

Date:

*Your information will be kept confidential and only shared with relevant authorities if so required.*

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