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