voortrekkermonument en natuurreservaat/and nature reserve	**Covid-19 screening register** MUST BE COMPLETED BY ALL VISITORS **NO MASK – NO ENTRY**	Page **1** of **1** Issue: 1.0 Created: 2020/05/09 Reviewed: n/a

Date: _____/_____/2020 **Group: _____**

	ID number	Name & Surname	Cough	Fever	Sore Throat	Shortness of breath	Scanned temp	Hands sanitized	Direct contact	Additional info *	Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

* additional signs/symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness. Please report on form if you experience any of these signs/symptoms.