

**HEALTH & TRAVEL DECLARATION FORM**

**Dear Valued Guest,**

You are kindly requested to fill out this Health & Travel Declaration Form of which is a mandatory procedure in accordance with Regional Government regulations in relation of the COVID-19 pandemic scenario and in response to any possible emergency, safety of others and comittment to track and trace and eliminate a spreading of this desease. Thank you for your understanding and cooperation.

**Full Name: Nationality:**

**@**

**Mobile No.:** **E-Mail:**

**Room Number:** **Check-In Date: Check-Out Date:**

**Last Country of Disembarkation: Airline: Flight No:**

**Temperature Recorded: Date: Time Taken:**

**Screening Questionnaire**

**1.**Have you been admitted in a hospital in the past one month?..…………………………………..**Yes No**

If yes, please describe reason for admission and in which country……………………………………

**2.**Do you have any flu like symptoms?

Fever………………………. **Yes No** Breathlessness……………………. **Yes No**

Cough…………………….. **Yes No** Runny Nose….……………………… **Yes No**

Sore Throat…………….. **Yes No** No Sense of Smell/No Taste… **Yes No**

Others, please specify ……………………………………………………………………………………………………

**If you have answered ‘Yes’ to any of the symptoms above, we insist that you wear a mouth mask which are available at the Front Desk and we advice to consult a doctor for your own safety.**

**3.**Have you been in quarantine in the past 3 months as of relating matters of COVID-19? **Yes No**

**4.**Have you been in the past 2 months in contact with family members, relatives,

friends, business associates who have/had been infected with COVID-19?…………..…. **Yes No**

**5.**Have you and your travel partner or family travelled through any of the following listed Indonesian Provinces and Cities or Countries in the last 30 days?

East- & Central-Java; South-Kalimantan; South-Sulawesi; Jakarta, Surabaya?……..…... **Yes No**

China, Singapore, Malaysia, Thailand, Europe, USA, Brazil, Middle-East, Iran, India? **Yes No**

If ‘Yes’, please circle or underline the country or specify if any other………………………..

1. Have you been in contact with any of the following confirmed cases of infectious diseases in the

last 14 days? COVID-19…**Yes No**  EBOLA.…….**Yes No**  MERS-COV....**Yes No**

SARS-CoV....**Yes No**  SWINE FLU **Yes No** BIRD FLUH5N1 **Yes No**

**If you develop during your stay with us any of the symptoms listed in the questionnaire above, please contact our Duty Manager or Front Desk for assistance by dialing 1.**

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I hereby confirm that the above information is accurate to the best of my knowledge:

**Guest Name: …………………………………. Guest Signature: ………………………….. Date: ……………………..…**