

Sheet3
COVID LEVEL 3 DECLARATION

Name of Rider:		
ID/Passport No:		
Vehicle registration number :		
Health States:	Have you been in contact with any person who has tested positive for Covid 19 in the past 7 days?	YES/NO
	Have you recently had a cold?	YES/NO
	Have you experienced any flu like symptoms in the past 7 days: Cough	YES/NO
	Sore / scratchy throat	YES/NO
	Difficulty breathing or tightness of chest	YES/NO
	Body Pain or discomfort	YES/NO
	Headache	YES/NO
	Fatigue	YES/NO

Signature _____

Name of person 1 accompanying you		
ID/Passport No:		
Vehicle registration number		
Health States:	Have you been in contact with any person who has tested positive for Covid 19 in the past 7 days?	YES/NO
	Have you recently had a cold?	YES/NO
	Have you experienced any flu like symptoms in the past 7 days: Cough	YES/NO
	Sore / scratchy throat	YES/NO
	Difficulty breathing or tightness of chest	YES/NO
	Body Pain or discomfort	YES/NO
	Headache	YES/NO
	Fatigue	YES/NO

Signature _____

Name of person 2 accompanying you		
ID/Passport No:		
Vehicle registration number :		
Health States:	Have you been in contact with any person who has tested positive for Covid 19 in the past 7 days?	YES/NO
	Have you recently had a cold?	YES/NO
	Have you experienced any flu like symptoms in the past 7 days: Cough	YES/NO
	Sore / scratchy throat	YES/NO
	Difficulty breathing or tightness of chest	YES/NO
	Body Pain or discomfort	YES/NO
	Headache	YES/NO
	Fatigue	YES/NO

Signature _____