



Berg River Resort

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COVID - 19 GUEST Screening / Self-Declaration

Access to Berg River Resort is subject to completion of this document

Name and Surname			
ID number		Nationality	
Cell number			
Date of arrival		Date of departure	

	Yes	No
1. Have you travelled in the last 14 days?		
2. Have you been in close contact with a confirmed case of Covid-19 in the last 14 days?		
3. Are you currently experiencing any of the following symptoms?		
Fever		
Cough		
Sore throat		
Shortness of breath		

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform Berg River Resort Management should I be diagnosed with Covid-19 within the next 14 days so as to facilitate contact tracing.

Date	Signature

Please note, Berg River Resort Management reserves the right of access to our facility.