MAGDALENA GRAND
BEACH & GOLF RESORT
TOBAGO W.I.

Guest Coronavirus (COVID-19) Health Questionnaire

We encourage all of our guests to complete this questionnaire on behalf of themselves and household members they are travelling with, before leaving home for their stay. Upon completion, kindly send to healthyvacation@magdalenagrand.com

For groups comprising people from multiple households, we encourage one questionnaire is completed for each separate household, rather than one questionnaire for the whole group.

Guest name(s): ____

Check in date: ______________________ Check out date: ______________________

Phone number: Email:

Are you, or a member of your household that you are travelling with been tested in the last 14 days for coronavirus (COVID-19)?	□ YES □ NO
Are you, or a member of your household that you are travelling with, currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	□ YES □ NO
Have you, or a member of your household that you are travelling with, been directed to a period of 14-day quarantine as a result of being a close contact of someone with coronavirus (COVID-19)?	□ YES □ NO

If you answered YES to either of the above questions, then the person required to be in isolation should remain in isolation until you are released, or until their 14-day quarantine period is complete.

If you answered NO to the above questions, proceed to the symptom checklist below.

Are you, or a member of your household that you are travelling with, experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5ºC)	□ YES □ NO
Chills	□ YES □ NO
Cough	□ YES □ NO
Sore throat	□ YES □ NO
Shortness of breath	□ YES □ NO
Runny nose	□ YES □ NO
Loss of sense of smell	□ YES □ NO