**GUEST HEALTH INFORMATION**

In order to help us look after the health of our guests and staff we are asking all guests to complete and sign the following information sheet prior to arrival at xx. Please note all information will remain confidential.

**PLEASE COMPLETE THE FOLLOWING INFORMATION SHEET**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **PRIMARY GUEST NAME:** |  |
| **CONTACT PHONE:** |  |
| **CONTACT EMAIL:** |  |
| **PASSPORT OR DRIVERS LICENCE #** | **PASSPORT #:****OR****NZ DRIVERS LICENSE #:** |
| **HAVE YOU ARRIVED IN NEW ZEALAND WITHIN THE LAST 30 DAYS:** | **YES / NO** |
| **IF YES - DATE OF ARRIVAL INTO NZ:** | **DAY:          MONTH:         YEAR:** |
| **IF YES - PLEASE LIST PORT OF ENTRY** | **PORT OF ENTRY:** |
| **IF YES - HAVE YOU COMPLETED A 14 DAY SELF ISOLATION ?**  | **YES / NO** |
| **NAMES OF TRAVEL COMPANIONS:** | **-****-****-****-****-** |
| **EMERGENCY CONTACT NOT TRAVELLING WITH YOU:** | **NAME:****PHONE:****EMAIL:** |

**SIGNED BY:**