

# HOTEL SAKET PLAZA

Old Band Road, Mahabaleshwar, 412806.  
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## COVID 19 - HISTORY QUESTIONNAIRE (Guest Self Declaration Form)

The safety of our employees, customers, families and visitors remain an overriding priority. As the corona virus (COVID-19) outbreak continues to evolve and spreads globally, Hotel management is monitoring the situation closely and will periodically update guidance based on current recommendations from the Govt. Authorities and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone. Thank you for your time.

The contents of this form will be kept confidential from residents.

This form may be shared with Govt. Officials (MMC/ POLICE/Tahsildar Office etc.) and will enable the Hotel Saket Plaza to coordinate with health officials to keep Hotel Saket Plaza safe, hence please do not misrepresent facts.

Please send this self-declaration form along with - valid government issued ID with address proof of all the Guest on  
**info@saketplaza.com / sales@saketplaza.com - WhatsApp on 9420972666 /9420979555 -**

<b>Name</b> (Last, First, M.I.):		<b>Gender:</b>	M <input type="checkbox"/> F <input type="checkbox"/>
<b>Address:</b>			
<b>Mobile No:</b>		<b>Total Family Member:</b>	
<b>Room No:</b>			

### FAMILY MEMBER LIST

No	Name	SPO2	PRbpm	Temprature	Gender
1.					<input type="checkbox"/> M <input type="checkbox"/> F
2.					<input type="checkbox"/> M <input type="checkbox"/> F
3.					<input type="checkbox"/> M <input type="checkbox"/> F
4.					<input type="checkbox"/> M <input type="checkbox"/> F
5.					<input type="checkbox"/> M <input type="checkbox"/> F
6.					<input type="checkbox"/> M <input type="checkbox"/> F

### SELF DECLARATION

1.	Have you or your family members returned from any Corona virus Hotspots or Containment zones within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you or your family members had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you or your family members been in close contact with anyone who has traveled within the last 14 days to any of the countries that are considered Hotspots. <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you or your family members experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you or your family reside and are traveling from a Red/Orange zone? <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes which zone?
6.	Please list all the places that you or your families have visited in the last 14 days.

**If the answer is "yes" to any of the questions, then write below the name(s) which from your group it applies to.**

I declare the above statements to be true and accurate; any false statements will result in expulsion from the property and reported to the relevant authorities.

I hereby declare that I / We showing no symptoms of COVID-19 by signing this form.

**GUEST SIGNATURE**