



SANDOWN BAY SECURITY

44 MAIN ROAD
KLEINMOND
7195

LANDLINE. 028 271 4637 / 028 271 3306
EMAIL. admin@sandownbaysecurity.co.za
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CLIENT HEALTH QUESTIONNAIRE

FULL NAME(S)

DATE (DD / MM / YYYY)

SURNAME

CONTACT NUMBER

PHYSICAL ADDRESS

POSTAL CODE

PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

I do not have a pending COVID-19 test.

I have not been diagnosed with nor cared for anyone with COVID-19 in the past 2 weeks.

I have not shown signs of nor have been in close contact with anyone that is exhibiting these symptoms:
COUGH, FEVER/CHILLS, SHORTNESS OF BREATH, DIFFICULTY BREATHING, SORE THROAT, LOSS OF SNEEL OR
TASTE, FATIGUE, HEADACHE, CONGESTION, RUNNY NOSE, VOMITING OR DIARRHEA.

I have not traveled outside of my immediate daily routine for the past two weeks.

If I begin to show symptoms of COVID-19 within the next two weeks, I will immediately contact:

SANDOWN BAY SECURITY TECHNICAL on **028 271 5633** or email **technical2@sandownbaysecurity.co.za**

I will follow all posted rules to keep myself, SBS Technician and all those around me safe.

SIGNATURE(S)