

GUEST/CLIENTS MEDICAL DECLARATION: MEDICAL AND TRAVEL STATUS AND ACCESS

Note: This Medical Declaration Form is to be completed and signed by all guests/clients on arrival/check-in/boarding/pick-up, and not just the contracting party.

Furthermore, Double Eagle will ask several questions up on booking/reservation, may suggest that high-risk individuals postpone their trip, or may decline the reservation.

Please complete this form by disclosing all known information regarding your medical and travel status in the space below the item. A parent or guardian is required to complete the form on behalf of all minors in their care.

1. General health, chronic and other conditions, and medication:
2. Physical impairments:
3. Symptoms prior 30 days:
4. Smoker status and fitness level:
5. COVID-19 history:
6. Recent travel history other than this trip – 1 month:
7. Nationality:
8. ID or passport number:
9. Next of kin/friend not travelling with you name and contact details:
10. Record of trip – full current trip itinerary (past and future) for tracing – copy to be attached.
11. Travel insurance declaration and proof (international guests) – proof to be furnished.

A simple risk rating between 1 and 10 will be completed on the form by the supervising staff member. Should a score exceed 5 additional precautions will be taken. Should a score exceed 8, the client will be required to undertake a test before proceeding.

I confirm that the information disclosed in this form is, to my best knowledge, true and complete.

Dated at _____ this _____ day of _____ 20_____.

Client's Signature Name and Surname of Minor Child 1 Name and Surname of Minor Child 2
In his/her personal capacity and legal guardian of the following minor child/children (if applicable)

