Wes-Kaapse Provinsiale Parlement
Western Cape Provincial Parliament
IPalamente yePhondo leNtshona Koloni

VISITOR SELF-DECLARATION FORM

In an effort to reduce the risk of COVID-19 exposure to Western Cape Provincial Parliament employees, all visitors must complete the following screening questions:
Please email signed form to the WCPP Compliance Officer: wnaidoo@wcpp.gov.za

Date: _____

Visitor's name:_____ Visitor's contact details: _____

Person visiting: _____

Self-Declaration by Visitor		
	YES	**NO**
Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, and shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to the Western Cape Provincial Parliament.

Visitor's signature: _____

FOR INTERNAL USE:
Access to facility (circle one): Approved Denied

Compliance Officer signature_____Date: _____