



GUEST INFORMATION FORM: DECLARATION OF TRAVEL HISTORY AND MEDICAL STATUS

Please note that your details are confidential and are only for the camps or lodges use; to ensure that your stay is perfect. We require this information in order to cater for your needs to the best of our ability. Due to the ongoing pandemic we must adhere to strict protocols so kindly answer all the questions with an asterisk true to the best of your knowledge at the stage of booking.

Please fill in all the details requested in order to confirm your safari with us

FULL NAMES:	DATE OF BIRTH:	NATIONALITY:	COUNTRY OF RESIDENCE:
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1.			
2.			

TRAVEL INSURANCE/ AMREF FLYING DOCTORS MEMBERSHIP:

(Offbeat Safaris can cover you with AMREF flying doctors – air evacuation to Nairobi and ambulance to the nearest hospital for \$15 per person – please indicate if you require our services. If not please indicate what other travel insurance you have, or your current AMREF membership if you have one)

DO YOU REQUIRE OUR AMREF SERVICES: YES NO

NUMBER OF CHILDREN ACCOMPANYING YOU:

FULL NAMES:	DATE OF BIRTH:	NATIONALITY:	COUNTRY OF RESIDENCE:
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1.			
2.			
3.			
4.			

TRAVEL HISTORY AND MEDICAL STATUS IN THE LAST 14 DAYS:

HAVE YOU TRAVELLED ANYWHERE IN THE LAST 14 DAYS?

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DO YOU HAVE ANY PRE-CONSISTING HEALTH CONDITIONS (please provide details in full if applicable)?

HAVE YOU EXPERIENCED ANY OF THE BELOW SYMPTOMS IN THE LAST 14 DAYS:

Most common symptoms:

Fever: YES NO
 Dry cough: YES NO
 Tiredness: YES NO

***PLEASE TAKE YOUR CURRENT TEMPERATURE, AND THAT OF ALL PERSONS DUE TO TRAVEL WITH YOU AND ANSWER YES IF ALL THOSE TEMPERATURES READ UNDER 37.5 DEGREES CELCIUS. YES**

If any one in your party reads above this temperature kindly provide us with more information in an email.

Less common symptoms:

Aches and pains: YES NO
 Sore throat: YES NO
 Diarrhoea: YES NO
 Conjunctivitis: YES NO
 Headache: YES NO
 Loss of taste or smell: YES NO

A rash on skin, or discolouration of fingers or toes:
 YES NO

***PLEASE NOTE THAT YOUR TEMPERATURE WILL BE TAKEN ON ARRIVAL AND WE ASK YOU TO TAKE THE TEMPERATURE OF ALL PERSONS TRAVELLING THE DAY BEFORE YOUR TRAVEL DATE TO ENSURE EVERYONE IS WELL AND HEALTHY.**

DIETARY REQUIREMENTS:

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ALLERGIES:

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SPECIAL REQUESTS (Birthdays, Anniversaries, Champagne etc):

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MOBILE:

EMAIL ADDRESS:

RESIDENTIAL ADDRESS:

NEXT OF KIN:

EMAIL ADDRESS:

MOBILE:

ARRIVAL/ DEPARTURE DETAILS (If you are arranging your own transport to and from our properties):

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Thank you for taking the time to fill out this form. Please note we will keep your information confidential and only add you to our database if you have indicated YES. This information is strictly for internal use so that our camps and lodges can provide you with exceptional service.

ADD ME TO YOUR DATABASE YES NO

