

# MARIPOSA BEACH RESORT

SIRVOY # \_\_\_\_\_

GRF BTB # \_\_\_\_\_

UNIT # \_\_\_\_\_

# of GUESTS in UNIT \_\_\_\_\_

CHECK IN \_\_\_\_\_

CHECK OUT \_\_\_\_\_

GUEST NAME(S)  
ALL TRAVELLERS

GUEST HOME ADDRESS

COUNTRY OF ORIGIN

CITY - DISTRICT, STATE OR PROVINCE

PHONE NUMBER

CREDIT CARD # & EXPIRY DATE

EMAIL ADDRESS

WHAT COVID-19 SYMPTOMS ARE  
YOU EXPERIENCING OR EXPERIENCED

NONE \_\_\_\_\_ OR CIRCLE BELOW

CHEST PAINS            FATIGUE  
LOW APPETITE        VOMITTING  
DIARRHEA             FEVER  
MUSCLE PAIN         DRY COUGH

SHORTNESS OF BREATH

HEADACHE

NASAL CONGESTION

OTHER \_\_\_\_\_

YOUR AGE \_\_\_\_\_

GENDER \_\_\_\_\_

DO YOU HAVE ANY PRE-EXISTING  
HEALTH CONDITIONS

YES      OR NO \_\_\_\_\_

DECLARATION

I declare this information to be as accurate  
as possible and consent to this info being  
shared with the Belize Ministry of Health  
and BTB ministry

SIGN HERE

PLEASE BE AWARE THAT YOU AND  
YOUR PARTY MEMBERS MUST  
HAVE YOUR TEMPERATURE  
CHECKED EACH DAY OF YOUR  
STAY WITH US AT MARIPOSA

THANK YOU FOR HELPING US  
REMAIN COVID-19 COMPLIANT