

	<b>GUEST ISOLATION ROOM INFORMATION FORM</b>	Document number:	
		Revision number and date	
		Release date	

Dear Guest,

With the COVID-19 Pandemic notification of the World Health Organization (WHO), regulations are made by the Ministry of Culture and Tourism, the Ministry of Internal Affairs and these regulations are constantly updated in line with the disease.

In this context;

In our facility, in terms of protecting our guests, employees and public health, it is obligatory to provide the following information from our guests during their acceptance to the hotel.

As a guest, we kindly ask you to answer the following questions regarding the information required to be obtained from you and people with you.

In addition, your temperature will be measured every time you enter the hotel and your temperature has been determined as ..... Degree at your first check-in date / time.

Do you have a chronic illness?	
Have you experienced Covid-19 symptoms in the last 14 days?	
Have you been diagnosed with Covid-19 before?	
Countries visited in the last 14 days?	
The address and phone number of someone close to you in Turkey or abroad can be contacted	

This information of a residence address abroad which has to be taken, will be kept for the mandatory period provided that it is kept confidential, subject to the obligations of the personal data protection law; In case of a possible COVID-19 infection or request, it will only be shared with the relevant public institutions and organizations.

For your questions and requests, you can contact us via the official e-mail address of [info@klashotel.com.tr](mailto:info@klashotel.com.tr) and the official phone line numbered +90 212 511 78 74.

- ✓ The procedures to be followed for all departments and units within the hotel, within the scope of the measures to prevent the spread of the Covid-19 outbreak; The information I have given above is correct,
- ✓ My fever will be measured and recorded at every attempt at the facility, if I am diagnosed with COVID-19 during the time I stay at the Hotel and / or I use all kinds of areas and / or services of the Hotel, and if it is determined that the hospital treatment is not required by the Health Institution, the period specified in the accommodation contract and that my accommodation will be provided at the facility,
- ✓ In this case, I will spend my stay in the isolation room determined by the hotel, I will not go outside my room, I will not accept visitors from outside my room, that people from the same family or staying in the same room may also spend their stay in the isolation rooms, if there is a parent / guardian, they can also stay in the isolation rooms and not leave the isolation rooms. that it is within my responsibility,
- ✓ Food and beverage service and room cleaning service will be provided to myself and / or people from the same family or with whom I stay in the same room for the period specified in the accommodation contract, without leaving the isolation rooms, in accordance with the terms of the contract,
- ✓ Due to the diagnosis of Covid-19, the terms of the accommodation contract concluded by me may be extended in case of admission to the isolation room; I acknowledge, accept and undertake that I know that I will be subject to additional charges for the isolation rooms to be provided in addition to the accommodation contract and the services provided and that I will pay these fees,
- ✓ I declare, accept and undertake that I will comply with both digital and written and / or verbal warnings and directions in the hotel, and comply with the rules and protocols of the Hotel.
- ✓ If I do not accept the issues to be updated and / or act contrary to the relevant rules, protocols, warnings and / or directions, my contract may be terminated unilaterally by the Hotel on justifiable grounds and I will terminate my accommodation activity, refund the costs of the services that I cannot receive due to the obligation to stay in the isolation room even though it is included in my contract I accept, declare and undertake that I will not request. "

Name Surname:

Date

Signature

management representative	Prepared © All Copyright CC FACILITY SERVICES.
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