



PASSENGER HEALTH QUESTIONNAIRE

Date: _____ Tour: _____

Please be advised that we have adopted enhanced protocols in response to COVID-19.

To assist us in protecting the health of passengers during your tour, we require you to complete this form and hand it to your tour guide prior to tour commencement.

Just ONE person per party is required to complete this form.

Please circle YES / NO to the questions below:

1. Have you, or any person listed on this form, travelled internationally in the 14 days prior to your tour?

YES / NO

2. Have you, or any person listed on this form, had close contact with, or helped care for, anyone suspected or diagnosed as having COVID-19 or who is currently subject to health monitoring for possible exposure COVID-19?

YES / NO

3. Do you or any person listed on this form have a fever (38C/100.4F or higher), feel feverish, or have chills, a cough or difficulty breathing?

YES /NO

If you answered 'YES' to any of these questions you will be refused to travel on the tour until you have been assessed and cleared by a doctor.

I certify that the above information is true and correct and I understand that being untruthful in completing this form may have serious public health implications.

Name: _____

Signature: _____

We appreciate your cooperation.