

Passenger Health Questionnaire



Date: _____ / _____ / _____ Tour Name: _____

Please be advised that we have adopted enhanced protocols in response to COVID-19. These guidelines were developed in conjunction with medical experts.

To assist us in protecting the health of passengers and staff on tour, we require you to complete this form and hand it to your Coach Captain or Tour Coordinator prior to tour commencement. Failure to provide this form to your driver will result in travel being denied.

1. Have you, or any person listed on this form, tested positive to COVID-19 in the past 7 days?

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 to COVID-19?

YES NO

3. Do you or any person listed on this form have a fever (38C 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 at a local hospital or medical facility.

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

Name(s): _____ / _____

Signature(s): _____ / _____

Thank you, we appreciate your cooperation.