

## Pre-Trip Screening Questions

1. Have you, someone living in your household, someone you have been within close or frequent contact with, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19?
2. Do you currently have or have you had, within the last 24 hours, any cold or flu symptoms, including a fever greater than 100.4, shortness of breath, body aches and coughing?
3. To the best of your knowledge, have you come in direct contact with someone showing symptoms of COVID-19 in the past 14 days?

I have read and understand the following questions. By printing my name and signing, I am answering **NO** to the following questions for myself and any minor children in my group. I do voluntarily agree to sign.