



Travel Questionnaire

Must be completed by ALL passengers ages 18 and above

Passenger Name:			
Date of Birth:			
Date of Travel:			
Address while in USA, or final destination			
Primary Phone No.:			
Secondary Phone No.: <i>(required)</i>			
Email Address:			
<i>Name of children under the age of 18 traveling with you.</i>			
1.		3.	
2.		4.	
SECTION A			
List all countries visited in the last 14 days			
In the last 14 days, have you or any person listed above had contact with a suspected or confirmed case of coronavirus, or a person under monitoring for coronavirus			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION B			
In the past 14 days, have you or any person listed above had any of the following: fever, cough, difficulty breathing, headaches, muscle and joint pains, or any other symptoms associated with COVID-19?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>This questionnaire may be reported to the relevant public health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.</p>			
Signature		Date	
Form received by			