

# PUBLIC HEALTH QUESTIONNAIRE

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In addition to implementing enhanced procedures to minimize germ transmission on our adventures worldwide, we are requiring our guests to complete this short health questionnaire. To assist us in providing for the health and safety of travelers on this trip, please answer the following questions.

This form must be completed for ALL persons before joining the trip; One form per adult; The contents of this questionnaire may be reported to a public health authority (e.g., the Centers for Disease Control and Prevention in the U.S.) if required of us. Knowingly or willfully making a false, fictitious, or fraudulent statement or representation may subject you to civil and/or criminal penalties.

1. Have you, or any minor traveling with you, experienced dry cough, shortness of breath, fever above 100.4° F / 38° C, chills, muscle pain, headache, sore throat, or loss of taste or smell in the last 15 days prior to your departure date?

Yes\_\_\_ No\_\_\_

2. Have you, or any minor traveling with you, ever failed to consistently observe social distancing, wear a mask when outside your home, or wash your hands frequently in the last 15 days prior to your departure date?

Yes\_\_\_ No\_\_\_

3. Are you, or any minor traveling with you, currently subject to health monitoring for possible exposure to coronavirus (COVID-19)?

Yes\_\_\_ No\_\_\_

4. To the best of your knowledge, have you, or any minor traveling with you, had any close contact with, or helped care for, anyone diagnosed with, suspected to have, or possibly exposed to coronavirus (COVID-19) in the last 15 days prior to your departure date?

Yes\_\_\_ No\_\_\_

5. Have you, or any minor traveling with you, been fully vaccinated for coronavirus (COVID-19)? (Fully vaccinated means you've received all doses of an approved vaccine and have completed the required two-week waiting period after the last dose.)

Yes\_\_\_ No\_\_\_ Name(s) of traveler(s) listed on this form who are fully vaccinated\_\_\_\_\_

*If you answer "YES" to one or more of questions #1 – 4, you will be contacted by a Natural Habitat Adventures representative.*

To join your trip, you must provide proof of a negative PCR test or proof of vaccination. Please see your pre-trip communication for details. Additional screening may be required by Natural Habitat Adventures or local authorities.

I understand that these answers may change at any time prior to departure and, in that circumstance, I am obligated and agree to immediately notify Natural Habitat Adventures of any changes to any of the above-listed answers.

I understand that (i) failure to provide honest answers may have public health implications, and (ii) I agree to comply with any additional screening precautions that may be requested of me and/or any minor traveling with me.

I understand that if I, or any minor traveling with me, experience(s) symptoms, such as dry cough, shortness of breath, fever above 100.4° F / 38° C, chills, muscle pain, headache, sore throat, or loss of taste or smell any time prior to, during or up to 21 days after the conclusion of the trip, I am obligated to immediately notify Natural Habitat Adventures or my Expedition Leader, as applicable.

I certify that the answers above are true and correct as of the date hereof.

Print Name: \_\_\_\_\_

Minor Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_