



# Traveler's Health Declaration/Questionnaire

Vantage is making every effort to protect the health and safety of our travelers, associates, and crew. As such, we require additional information from each traveler. Please answer the following questions:

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

Full name (as shown in passport): \_\_\_\_\_

Full name of person(s) you are traveling with: \_\_\_\_\_

1. Have you or any person listed above, been diagnosed with COVID-19 in the last 21 days. Yes  No

2. Have you, or any person listed above, in the past 14 days, had close contact with, or helped care for, anyone suspected or diagnosed as having Covid19, or who is currently subject to health monitoring for possible exposure to Covid19? Yes  No

3. You have, as well as anyone listed above, has assessed yourself for COVID-19 related symptoms, and have experienced none of the following in the last 14 days.

- Known temperature of 100.4 F or higher Yes  No
- Cough Yes  No
- Shortness of breath/difficulty breathing (excludes symptoms from a pre-existing condition) Yes  No
- Muscle pain/aches (unrelated to specific activity or incident) Yes  No
- Sore Throat Yes  No
- Diarrhea, vomiting and/or nausea Yes  No
- Recent loss of taste or smell Yes  No

*Travelers may also be subject to a temperature check by a Vantage associate or representative. Based on information travelers provide in their wellness declarations and/or additional evaluation upon arrival, Vantage reserves the right to take appropriate steps to protect the well-being of our travelers and associates, including returning travelers home. Please note that any additional medical and/or return travel costs will be at travelers' expense.*

By signing below, I acknowledge that I am aware of the potential risks associated with my travel plans and have been notified of any travel advisories. Such risks may include physical and/or psychological injury, pain, suffering, illness, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the environment. Nonetheless, I assume all risks and liability of \_\_\_\_\_\*, whether known or unknown to me, including travel to and from my scheduled itinerary (including air travel) or any events incidental to my travel plans. Furthermore, I shall not hold Vantage Travel Services, Inc. in any way responsible or liable therefor and will indemnify and hold Vantage harmless from and against any and all claims, liabilities, penalties, damages, judgments, and expenses (including, without limitation, reasonable attorney fees and disbursements) arising from injury to person or property of any nature arising out.

*\*Please fill out your name on the line above, or, if you're signing on behalf of a minor, the minor's name.*

Name: (if signing on behalf of a minor as their legal guardian, please indicate the minor's name)

Signature \_\_\_\_\_ Date \_\_\_\_\_