

Tours by SCCA

COVID-19 Health Questionnaire

Southwest Colorado Canyons Alliance cares about your (and our) health in this difficult time. Please bring this questionnaire with you to your guide.

Name: _____

Phone Number: _____

Do you have any of the following symptoms?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Dry Cough |
| <input type="checkbox"/> Body Aches | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Runny Nose |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Tiredness |
| <input type="checkbox"/> None of the Above | |

Have you been in contact with anyone who has a confirmed case of COVID-19 in the past 14 days?

YES NO

If you are a healthcare provider and the answer is YES, was this exposure without proper personal protective equipment (PPE)?

YES NO NOT APPLICABLE

Have you been out of the country in the past 14 days?

YES NO

YOU WILL BE REQUIRED TO WEAR A FACE MASK WHEN CLOSER THAN 10 FEET TO YOUR GUIDE AND TO BRING AND USE

RELEASE OF LIABILITY WAIVER

State of Colorado

I agree that Tours by SCCA has a proper sanitation and disinfection plan in place and is not responsible for any accidental transmission of COVID-19 that could occur by touring with their business or within close proximity of each other.

I also agree that if I become symptomatic within 14 days of my visit, I will notify the business immediately.

Signature: _____

Today's Date: _____

To be completed by Tour Guide:

Participant's Temperature: _____

Participant has mask: YES NO

Participant uses hand sanitizer: YES NO

Participant maintains social distancing of 10 feet when not wearing mask: YES NO