



Inter-Island Ferry Authority

The IFA Strongly Recommends Wearing Proper Face Covering At All Times

PASSENGER WELLNESS SCREENING FORM (for COVID-19)

Booking # _____ (Filled in by IFA Agent)

IMPORTANT INFORMATION

The IFA has taken precautions to reduce the likelihood of COVID-19 transmission on its vessels and at its terminals that include conducting a passenger wellness screening upon boarding, enhanced cleaning and disinfecting, increased touch point sanitation and Plexiglas barriers. We require that persons 2 years and older wear a face covering and maintain 6' distancing protocol *if* you have COVID-19 test results pending or if you are traveling to a designated quarantine location. To the extent possible, the IFA will accommodate a passenger who is unable to follow outlined protocols due to a disability or medical condition.

(circle your answer, you must answer all questions in PARTS 1 & 2 then turn in to IFA staff with your ticket)

PART 1: If you answer yes to any question in Part 1, you will be denied passage on ferry.

1. Are you COVID-19 positive?	YES	NO
2. Have you experienced any unusual cough, difficulty breathing, shortness of breath, loss of smell or taste, sore throat, unusual fatigue or symptoms of acute respiratory illness in the last 72 hours?	YES	NO
3. Have you experienced chills, aches, pains or a fever of (100.4 degrees F or 38 degrees C) or greater within the last 72 hours?	YES	NO
4. In the past 14 days have you traveled in an area or country with wide-spread COVID-19 transmission without practicing social distancing?	YES	NO
5. Have you had contact within the last 21 days with a lab-confirmed or suspected COVID-19 case patient?	YES	NO

PART 2: If you answer yes to any question in Part 2, you will be allowed to travel if you wear a face covering, limit interactions with others and social distance while on vessel or at terminal. If you receive notification while traveling with us that your COVID-19 test results are positive, you must notify a crew member immediately.

6. Are you traveling to a location to be quarantined?	YES	NO
7. Do you have COVID-19 test results pending?	YES	NO

➤ If you answered yes to question 6 or 7, check box if you understand the conditions of your travel highlighted yellow in Part 2 above.	Check box <input type="checkbox"/>
---	------------------------------------

PART 3: If you answered no to all above questions, you will be allowed to travel and are encouraged to wear face covering and practice 6' social distancing while on vessel or at terminal.

Signed by: _____ Printed Name: _____ Date: _____
(Traveler's name) (Printed name of signer)

List any additional traveler's (name and age) below if answers to questions are the same: