



SEWARD WILDERNESS COLLECTIVE

Seward, Alaska

907.224.3960 :: www.HikeSeward.com

COVID-19 (CORONAVIRUS)

INFECTIOUS DISEASE & RESPIRATORY HEALTH SCREENING QUESTIONNAIRE

The COVID-19 pandemic is changing the way the whole world operates, recreation included. Although we cannot eliminate the risks created by COVID-19, we ask that you work alongside us to mitigate them. This participant health screening is required for your protection and ours. With the health and well-being of our guides, guests, and community in mind, we ask that you **please carefully and conscientiously review and complete this questionnaire.**

(Circle "Yes" or "No")

Have you experienced any of the following symptoms within the last 21 days?

Yes No

- Cough
- Shortness of breath/difficulty breathing
- Fever (Temperature in excess of 100.4F)
- Chills
- Muscle pain

- Headache
- Sore throat
- New loss of taste or smell
- Sinus pain
- Fatigue

Have you been exposed to anyone with any of the above symptoms in the past 14 days?

Yes No

Have you traveled out of the state of Alaska in the past 30 days?

Yes No

Have you been tested for COVID-19?

Yes No

If you have been tested for COVID-19, are you awaiting results currently?

Yes No

If you tested negative for COVID-19, please skip the next question.

If you tested positive for COVID-19, have you been cleared of the virus and now considered recovered by the health department?

Yes No

Have you been in contact with any person known to have tested positive for COVID-19 or awaiting results of the COVID-19 test?

Yes No

State Health Order 6.0 requires travelers from out of state to provide a negative result from a COVID-19 test taken within 72 hours prior to arriving in Alaska, or upon arrival in Alaska.

Have you complied with State Health Order 6.0?

Yes No

By signing below I understand that Seward Wilderness Collective cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19. As such, I agree to hold Seward Wilderness Collective harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my traveling party, becomes infected with COVID-19. I agree to contact Seward Wilderness Collective if I, or any member of my traveling party becomes sick within 14 days after the tour.

I have reviewed and answered the above information truthfully, understanding the any dishonest answers may have serious public health implications.

Signature

Name

Date