



SEWARD WILDERNESS COLLECTIVE

Seward, Alaska
907.224.3960 :: www.HikeSeward.com

COVID-19 (CORONAVIRUS)

INFECTIOUS DISEASE & RESPIRATORY HEALTH SCREENING QUESTIONNAIRE

The COVID-19 pandemic has changed the way the world operates, recreation included. Although we cannot eliminate the risks of 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 14 days?

Yes No

- | | |
|---|--|
| <ul style="list-style-type: none"> • Cough • Shortness of breath/difficulty breathing • Fever (Temperature in excess of 100.4F) • Chills • Muscle pain | <ul style="list-style-type: none"> • 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 from outside the state of Alaska in the past 14 days?

Yes No

Have you been tested for COVID-19 in the past 14 days?

Yes No

If you have been tested for COVID-19, in the past 14 days, 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 in the past 14 days?

Yes No

If you or a member of your party cannot meet the screening criteria, or refuse to adhere to any of our operational COVID policies, you will not be able to join us.

By signing below I understand that Kayak Adventures cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19. As such, I agree to hold Kayak Adventures Worldwide, LLC 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 KAW 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 that any dishonest answers may have serious public health implications.

Signature

Name

Date