



Pre-Trip Health Questionnaire

Please complete this document and provide to your Tour Director on the first day of your trip.

CIE Tours is very much looking forward to you joining our tour. Before departure, it's important that we make every effort to protect the health and wellbeing of our staff, our suppliers, your fellow travelers, and the communities which you will visit on your trip.

To this end, we need to ensure that every guest assumes personal responsibility for their own health. To support us in this important goal, we require every guest to complete the Health Questionnaire below:

Tour Name: _____

Tour Start Date: _____

Customer Name (as shown in passport): _____

Please indicate your agreement with the statements below by providing you initials beside each sentence:

_____ I have not been diagnosed with COVID-19 in the last 21 days.

_____ I have assessed myself for COVID-19-related symptoms, and have experienced none of the following symptoms in the last 14 days:

- Temperature of 38 C/100.4 F or higher
- Cough (excludes symptoms from a pre-existing condition)
- Shortness of breath (excludes symptoms from a pre-existing condition)
- Chills
- Muscle pain (unrelated to a specific activity or incident)
- Sore throat
- Diarrhea, vomiting and/or nausea
- Recent loss of taste or smell

_____ I have not had close contact with someone who tested positive for COVID-19 or who has experienced symptoms as described above in the last 14 days.

_____ I understand that CIE Tours cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19. As such, I agree to hold CIE Tours harmless and voluntarily assume all risks and related expenses if I, or any member of my traveling party, becomes infected with COVID-19.

I pledge that the above declarations are true and correct and understand that any untrue answers may have serious public health implications. I agree to take personal responsibility for my own health and well-being, to practice social distancing in shared spaces, and to follow the instructions of CIE Tours staff and their supplier partners regarding health protocols. I understand that noncompliance with these measures by myself or my traveling party will result in our party being unable to continue with our tour.

Signature: _____

Date: _____

Guardian Signature: _____

(Required if above person is under 18 years of age)

Please note: failure to provide a Pre-Trip Health Declaration or being unable to confirm the above statements will result in you being unable to join your tour. Any costs associated to this outcome will be your responsibility and no refund will be issued for your missed vacation.