



Pre-Trip Health Questionnaire

For passengers on guided tours, please complete this document and provide to your Tour Director on the first day of your trip.

For travelers on self-drive vacations ONLY: Complete and email form to HealthQuestionnaire@cietours.com the day before you depart for your vacation.

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.

Because many of our destinations have vaccination requirements for indoor experiences (museums, restaurants, attractions, etc.) **until further notice, all CIE Tours guests ages 12 and over will need to be fully vaccinated and carry proof with them to show as needed.** We will continue to monitor local requirements and update our policies accordingly.

Tour Name: _____

Tour Start Date: _____

Customer Name (as shown in passport): _____

Please indicate your agreement with the statements below by providing your initials beside each sentence and filling out vaccination information as required:

_____ I have been fully vaccinated and can show proof of full vaccination with the final dose given at least 14 days prior to departing for this trip.

Vaccine Type: _____

Date of Last Shot: _____

_____ If under the age of 12, I can produce a verifiable negative COVID-19 test result in the form of written documentation (paper or electronic copy). The negative test result must show that the test was conducted within 72 hours before the start of the trip.



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_____ I acknowledge and understand that I will also need to comply with specific requirements imposed by airlines and/or countries which may differ from the vaccine and testing requirements listed above.

- It is my responsibility to comply with airline carriers' and countries' requirements and present valid documentation for my flight and/or entry.
- Airline carrier's test requirement may be different from destination(s) test requirement, and I need to comply with both.

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

_____ I do not currently have, and have not had, a fever (100.4 F° / 38 C° or higher), felt feverish, had chills, a cough, difficulty breathing or other symptoms of COVID-19 since being fully vaccinated or tested prior to my departure.

_____ 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 Questionnaire 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.