



GUEST SCREENING QUESTIONNAIRE

DURING THE COVID-19 PANDEMIC

**PLEASE FILL OUT AND RETURN 3-4 DAYS BEFORE YOUR LAUNCH
EMAIL COMPLETED QUESTIONNAIRE TO INFO@ADRIFT.COM**

1. Please check any of the following symptoms you have recently experienced.

- Fever (100.4°F/38°C or higher) or chills?
- Cough that you cannot attribute to another health condition?
- Shortness of breath or difficulty breathing that you cannot attribute to another health condition?
- Sore throat that you cannot attribute to another health condition?
- Muscle aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)
- Loss of taste or smell?
- None of the above

2. Have you been in contact with someone who has been ill with flu-like symptoms in the last 14 days?

3. Have you been diagnosed with COVID-19 in the last 30 days?

If "yes", please enter the date you were notified that you were no longer contagious with COVID-19.

4. Have you been tested for COVID-19? If yes, when was the test and what were the results?

5. Have you been tested for COVID-19 antibodies? If yes, what were the results?