

Personal Data Form for Trip

Date: June 12, 2021

CONFIDENTIAL

Full name

Home address

Phone Number

Email Address

Within the past 14 days have you been in close contact with anyone that has COVID or had COVID like symptoms? YES NO

Have You Had A Positive COVID 19 Test In The Past 10 Days, Or Are You Awaiting Results Of A COVID 19 Test? YES NO

Have You Traveled Outside Of United States Within The Last 14 Days. YES NO

Have You Been Vaccinated? Yes NO