



Four Corners Guides Covid FCG Health & Travel Survey

*****Please submit the week before your adventure*****

1. Have you been vaccinated? If so when?
2. Do you have any symptoms: runny nose, fever, sore throat, dry cough, loss of appetite, body aches, shortness of breath, or excess mucus or phlegm, nausea, diarrhea, chills, loss of smell or taste, or headache?
3. Have you been around anyone that has had these symptoms recently?
4. Have you traveled recently on a plane?
5. Have you recently traveled internationally?
6. Have you tested positive for Covid-19 or taken the antibody test? If so, when?