



HEALTH SCREENING QUESTIONNAIRE

for Mitigation of Infectious/Contagious/Transmissible/Respiratory Diseases

The COVID-19 pandemic is changing the way the whole world operates, climbing included. In light of these new challenges we are integrating in new measures. Although we cannot eliminate the new risks created by COVID-19, we want to work with you to mitigate the risks created by Infectious/Contagious/Transmissible/Respiratory Diseases. At the forefront of all of our decision-making is the safety and well-being of our guides, guests, and community. With these concepts in mind, we ask that you ***please carefully and conscientiously review and complete this questionnaire.*** If you have any concerns with completing the health/medical disclosures being asked in this form, please speak directly with ASG staff and we will attempt to reach a suitable alternative solution.

Please answer the following questions:

Are you experiencing any of the following symptoms	(Circle “Yes” or “No”)	
1. Cough	Yes	No
2. Shortness of breath or difficulty breathing	Yes	No
3. Fever (Temperature in excess of 100.4F)	Yes	No
4. Chills	Yes	No
5. Muscle aches or pain	Yes	No
6. Fatigue	Yes	No
7. Sore throat	Yes	No
8. New loss of taste or smell	Yes	No
9. Congestion or runny nose	Yes	No
10. Nausea or vomiting	Yes	No
11. Diarrhea	Yes	No

Have you been exposed to anyone with any of the above symptoms in the past 14 days?	Yes	No
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Is anyone in your immediate household suffering from suspected or confirmed COVID-19?	Yes	No
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If you answered “Yes” to any of the questions above, please contact us using the information below immediately.

Based on guidance from:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Reviewed/edited 06/29/20

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