

HEALTH VERIFICATION CHECKLIST TO BE COMPLETED BY EACH PASSENGER

Response	Question
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a facemask that you are willing to wear for the entire flight ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 14 days have you traveled to other states within the United States? If so which states? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 14 days have you traveled to any foreign country ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you waiting for the results of a COVID-19 test?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Fever ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Shortness of breath ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Dry cough ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Runny nose ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Sore throat ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Headache ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Weakness ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have: Change in taste or smell ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 14 days has anyone in your WORKSPACE OR EXTENDED FAMILY shown signs or symptoms of the virus?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have YOU or ANYONE IN YOUR RESPECTIVE HOUSEHOLD shown signs or symptoms of the virus.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have YOU or ANYONE IN YOUR RESPECTIVE HOUSEHOLD has tested positive , or is assumed positive for the COVID virus?
Explain any YES answer.	
<i>Other than the first two questions, if you answered YES to <u>any of the above</u> questions you will not be allowed to fly with us today.</i>	
Printed Name: _____ Date: _____	
Signature: _____	
We encourage you to bring a driver for your vehicle and to have them follow our chase vehicle to the landing site. This will limit your contact with our team.	

Pilot/Crew Acknowledgement <input type="checkbox"/> Yes <input type="checkbox"/> No – Approved for flight. Pilot/Crew Signature: _____
