



## TourMagination Traveller Health Declaration Form

Please complete this Health Declaration Form to ensure you are not ill when travelling on a TourMagination group tour.

QUESTIONS	YES	NO
Do you have digital and hard copy proof of being fully vaccinated?		
Do you currently have symptoms of, or have you been diagnosed COVID-19?		
In the past 24 hours, have you (or the person for whom you are completing this form) had any of the following symptoms:		
1. Cough, fever of 100.4 F / 38° or higher or chills		
2. Unusual fatigue		
3. Unusual muscle aches or pains		
5. Unusual shortness of breath		
6. Unusual loss of taste or smell		

If you answered “yes” to any of the questions about symptoms, please take a rapid test to ensure your symptoms are not COVID-19. As long as you receive a negative result on your rapid test, you will be permitted to travel.

I declare that I do not have any of the symptoms listed above or that I tested negative for COVID-19.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date signed \_\_\_\_\_