



# Covid-19 Questionnaire

In order to prevent the spread of the COVID-19 and reduce the potential risk of exposure to our workforce, we are asking our passengers to complete and submit this questionnaire prior to entering our vessel.

I hereby affirm that my participation in the Boat Tour is completely voluntary. No one is forcing me to participate, and I elect to participate having full knowledge of the risks associated with my participation.

I fully understand that participate in the Pinpoint Marketing LLC. Boat Tour today increases my exposure/my child's exposure to the risk of contracting community acquired COVID-19 infection. Acquiring such infection can lead to severe symptoms such as fever, chest pain, shortness of breath and further respiratory complications.

Advanced disease can lead to prolonged hospitalization, intensive care admission, mechanical ventilation and/or death.

I also affirm that neither I, my child, nor any of my family members, have been exposed to any of the following symptoms in the past 14 days:

- Confirmed or suspected COVID-19 infection
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

**Are you currently experiencing, or have you experienced in the past 14 days, any of the above symptoms? \***

YES

NO

**Have you or anyone in your household traveled outside of state of Hawaii in the past 2 weeks \***

YES

NO

**Have you or anyone in your household had contact with any person suspected to have contracted coronavirus (COVID-19) in the last 14 days? (Including being tested for COVID-19, & being in self isolation for COVID-19.) \***

YES

NO

**In the past 14 days, have you traveled outside of Hawai'i or traveled outside of the United States? \***

YES

NO

**Have you or anyone in your household had contact with any person confirmed to have contracted coronavirus (COVID-19) \***

YES

NO

**Have you been exposed to someone with flu-like symptoms (cough, shortness of breath or fever) in the last 72 hours \***

YES

NO

**\*\*\* If you have answered YES to any of the above questions, we ask that you please contact our office to reschedule. Postponing your booking ensures the health and safety of our staff and patients. Thank you for your understanding. \*\*\***

I hereby certify that the responses provided above are true and accurate to the best of my knowledge. I am consenting to my participation with full understanding and disclosure of such risks and alternatives, and all my questions were answered to my satisfaction. By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my removal from the premises.

**Tour Date \***



Year      Month      Day

**Name of Passenger \***

First Name      Last Name

**Name of guardian if passenger is under 18 years old**

First Name      Last Name

**Phone Number of Passenger (or guardian if passenger is under 18 years old) \***

Please enter a valid phone number.

**Email of Passenger (or guardian if passenger is under 18 years old) \***

example@example.com

**Date of signature \***



Year      Month      Day