



# Travel Declaration and Contact Tracing Form Lodging

Name of primary guest:

Party Size:

Origin Destination:

Date and time of arrival to Puerto Rico:

 

Hotel / Lodging Property:

  
  

Temperature recorded upon check-in.

Primary Guest  °F

Guest #2  °F

Guest #3  °F

Guest #4  °F

Have you, or anyone in your party have had the following symptoms? Please circle relevant choices:

- 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 or vomiting
- Diarrhea
- Other

Have you been in contact with anyone confirmed with COVID-19 in the past 14 days?

Yes  No

Have you been in contact with anyone suspected to have COVID-19 in the past 14 days?  Yes  No

Have you been to affected countries / regions that are restricted for travel to the United States in the past 14 days?

Yes  No

If yes, please indicate the affected countries/regions

Staff Recording Declaration:

Date:

Time: