# Appendix 2 Travel Declaration and Contact Tracing Form Short-term rentals

Name of primary guest:

Party Size:

Origin Destination: (City)

(State) \_ (Country)

Date and time of arrival to Puerto Rico: / /20 : AM/PM

Property Address: PRTC Innkeeper ID:

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

|  |  |  |
| --- | --- | --- |
| Fever | Dry cough | Body aches |
| Headaches | Sore throat | Runny nose |
| Tiredness | Shortness of breath | Loss of Appetite |

Loss of Taste 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

Was the rental unit sanitized properly, and proper signage was placed to certify the sanitization process?

Yes No