



Passenger Screening Form - Mainline

COVID-19 Protocol

IMPORTANT INFORMATION: We are in the midst of a global COVID-19 pandemic. This virus can cause mild to severe respiratory illness with fever, cough, and difficulty breathing. In some serious cases, COVID-19 can be fatal. No existing vaccines prevent COVID-19. This means that the only known way to prevent illness is to avoid exposure to the virus. Current information indicates that the virus is mainly spread person-to-person through the respiratory droplets an infected person produces when they cough, sneeze, or talk. Recent studies indicate that an infected person can transmit the virus even if they are not showing symptoms. AMHS has taken several precautions to reduce the likelihood of COVID-19 transmission on its vessels that includes but not limited to; conducting a wellness screening upon boarding, enhanced cleaning protocols, increased touchpoint sanitation, sneeze guards etc. All passengers (over 24 months of age) and crew are required to wear face coverings while in AMHS facilities and onboard the AMHS, except when in a stateroom, in a designated smoking area or while eating. Thank you for your cooperation. Please complete the following questionnaire and hand to the purser as you board. Check only one box for each question.

1. Have you experienced any cough, difficulty breathing, shortness of breath, loss of smell or taste, sore throat, unusual fatigue or symptoms of acute respiratory illness in the last 72 hours? NO YES
2. Have you experienced a fever (100.4° F or 38° C) or greater within the last 72 hours? NO YES
3. Have you experienced signs of fever such as chills, aches, pains, etc. within the last 72 hours? NO YES
4. In the past 14 days, have you traveled in an area or country with widespread COVID-19 transmission without practicing social distancing? NO YES
5. Have you had contact within the last 21 days with a lab-confirmed or suspected COVID-19 case patient? NO YES
6. Does your current AMHS itinerary include a voyage:
 - a. Taking you out of state? NO YES
 - b. Across the Gulf of Alaska? NO YES
 - c. To or from a port along the Aleutian Chain, and during your voyage the ferry on which you are traveling also calls at the Port of Kodiak? NO YES
7. If you have answered "Yes" to any question posed in 6 (a)-(c):
 - a. Do you have evidence of negative COVID19 test result for a test taken within 5 days (120hrs) before 12:01 a.m. on the day of departure; or NO YES
 - b. Did you faithfully adhere to quarantine standards for at least 14 days preceding the date of your travel identified in your AMHS itinerary? NO YES

For purposes of this form, adherence to quarantine standards means that you self-quarantined and:

- i. Did not leave your designated quarantine location except for medical emergencies or to seek necessary medical care, if at all;
- ii. Did not visit any public spaces such as pools, meeting rooms, fitness centers, restaurants, etc; and
- iii. Did not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by the Unified Command.

I swear or affirm under penalty of perjury that the foregoing information that I have provided is true and correct.

Furthermore, I acknowledge that:

- A person commits the crime of perjury if the person makes a false sworn statement that the person does not believe to be true; and
- It is also a criminal offense to provide a false statement that a person does not believe to be true with the intent to mislead a public official in the performance of his/her duty.

Signature: _____ Name (Printed): _____

Date: _____ Booking #: _____

Current Location: _____, Alaska

Purser/Terminal Agent: Save the original copy of the collected form at the originating terminal.