



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:

 2020 AM/PM

Property Address:

PRTC Innkeeper ID:

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

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

 Yes No