

VACATION HEALTH AND SAFETY CHECKLIST

Below is a summary of the vetting I have performed on your behalf regarding the health and safety initiatives at the various stages of your upcoming vacation. We are relying in this document on stated travel provider policies that are subject to change without notice. Since the pandemic is ongoing, anything can change at any time.

Traveler Name			State/Pro	vince	Reserv	ation #	
Advisor Name			Advisor Email				
Advisor Name	Advisor Li	IIali					
Primary Destination	Primary Travel Provider						
Departure Date		Return Date		Airline	е		
Departure Airport		Arrival Airpo	rt Checklist Completion Da				
		7 p s	3.55				
	PROVIDERS	E	Employees	Everyone	Social	Touchless	Procedures
		N	/lust Wear	Must Wear	Distance	Interactions	Certified by
			Masks	Masks in	Signage	Available	Independent
				Public Areas			Entity

ADDITIONAL IMPORTANT DETAILS

