

In response to the outbreak of the 2019 Novel Coronavirus (2019-nCoV) for international, regional and national purposes

This questionnaire is to be submitted within 24 hours prior to the scheduled flight departure time.

(parents/guardians should complete on behalf of dependents)

Within the twenty-one (21) days immediately preceding the Date of this health form:

Have you tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus")? **Yes** **No**

Have you experienced any symptoms commonly associated with the Coronavirus? **Yes** **No**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Have you been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention ("CDC") issued a Level 3 Travel Advisory for Coronavirus? **Yes** **No**

Have you been in direct contact with or the immediate vicinity of any person know to be carrying the Coronavirus or identified as a potential carrier of the Coronavirus? **Yes** **No**

Please account for all locations visited over the previous twenty-one (21) days and provide an exhaustive list of all locations visited and modes of transportation used below (please attach an additional page as needed):

If any above statement is not wholly true, please provide a full explanation here:

Please notify SC Aviation, Inc of any change in status on the above items, including diagnosis with Coronavirus and/or quarantine before the flight is operated.

I, _____ [Insert full name], hereby certify, represent and warrant that all information provided above is complete and correct.

Signature

Date

