



## Masks Are Required

Please answer the following questions by circling yes or no.

1. Have **you** or **any member of your party** been in close contact with a confirmed case of COVID19 within the past 14 days?

Yes

No

2. Are **you** or **any member of your party** experiencing a cough, shortness of breath, or sore throat?

Yes

No

3. Have **you** or **any member of your party** had a fever in the last 48 hours?

Yes

No

*A copy of this letter will be stapled to your receipt and filed for 30 days (accordance of Ga. DOL).*

*I have acknowledged for **everyone in my party**, concerning the questions asked above. To the best of my knowledge, no one in my party including myself has experienced any of the 3 concerns listed above.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

No. in party \_\_\_\_\_

**Blue Ridge**  
SCENIC RAILWAY