

Bark Medical Screening Check-in

Must be completed prior to Bark-related travel

Name: _____ Date: _____

Departure Date: _____

Location: _____

Return Date and Time: _____ at _____

1. At any point in the past two weeks, have you exhibited any of the following symptoms

	Yes	No
Fever and/or Chills		
Cough and/or Sore Throat		
Shortness of Breath		
Loss of Smell or Taste		

2. In the past two weeks, have you come into close contact with any individual who has tested positive for COVID-19 or who has any of the following symptoms?**

	Yes	No
Fever and/or Chills		
Cough and/or Sore Throat		
Shortness of Breath		
Loss of Smell or Taste		
COVID-positive contact		

3. If you had a contact with someone who tested positive for COVID-19, have you received a negative COVID test since that contact? Yes No

Was the test performed 5 or more days after your COVID contact? Yes No

If you answered yes to any question above, Bark requires you to sit out this field trip or participate only if you have tested negative for COVID-19 since symptoms began or you were in contact with someone with COVID-19.

**Close contact is defined, by the CDC, as being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more in 24 hours, providing care at home to someone who is sick, having direct physical contact with the person (hugged or kissed them), sharing eating or drinking utensil, having someone sneeze, cough, or otherwise get respiratory droplets on you.

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Initial: _____ I confirm that I have reviewed and agree to the guidelines in the "[Bark COVID-19 Field Work Safety Protocols](#)" available on the Bark website.

Initial: _____ I agree to not hold Bark liable for any injuries or damage incurred to me or my property while participating on a Bark field trip. I understand that there are certain dangers and risks involved with field trips to forests where logging operations are planned, are occurring, or have been completed, especially when off-trail foot travel is involved. If I have an allergy, injury, or medical, physical or psychological condition that might impair my ability to participate fully in a strenuous hike, I accept full responsibility for this condition and I state that I am carrying the necessary medication for my condition. I voluntarily undertake these dangers and risks of my own accord, and will not hold Bark liable should I encounter any of these risks and dangers, or get injured in any way.

Signature of Traveler : _____ Date: _____

If traveler is under 18, fill out below.

Printed name of Legal Guardian: _____

Signature of Legal Guardian : _____ Date: _____

To be completed by Bark Staff:

Travel permitted: YES NO

Signature of Bark Staff: _____ Date: _____