HEALTH STATEMENT



As quest of Grand Velas Los Cabos and undersigned. Libereby state on behalf of the people lodging with me

including minors ("companions") that:			GRAND VELAS · CASA VELAS · VELA	AS VALLARTA · MAR DEL CABO
Neither my companions nor I have symptoms of lower respiratory tract shortness of breath, difficulty breathing or headache, joint pain, fever (mossymptoms related to COVID-19 disease.			It is correct	It is not correct
Neither my com days.	npanions nor I have had a confirmed positive laboratory diag	nosis of COVID-19 disease in the last 30	It is correct	It is not correct
	mpanions nor I have been in immediate vicinity (less than 1 me COVID-19 disease in the last 30 days.	neter/ 6 feet) of any person I know to	It is correct	It is not correct
If you or any of y	your companions have been outside of the country of residence	e in the last 30 days, please specify here:		
pressure, diabe	of your companions are 60 years old or older and/or have a etes, heart or lung disease, acquired or caused immunosu rtension and/or chronic obstructive pulmonary disease, pleas	opression, kidney or liver failure have		
	you or any of your companions present any of the symptont, indicate them below:	ms related to Covid-19 disease, listed		
the mot point	•			
"In the event tha	at my companions or I present any of the symptoms related we must immediately notify the Concierge department".	to COVID-19 disease, mentioned in the	first point, during our st	tay at [nombre del
"In the event tha	at my companions or I present any of the symptoms related	to COVID-19 disease, mentioned in the	first point, during our st	tay at [nombre del
"In the event tha hotel] facilities, v	at my companions or I present any of the symptoms related	·		

Name and signature