## **HEALTH STATEMENT**



As guest of Grand Velas Riviera Maya and undersigned. I hereby state on behalf of the people lodging with me

including minors ("companions") that:	and of the people loughly with the,	GRAND VELAS · CASA VELAS · VELAS VALLARTA · MAR DEL CABO
Neither my companions nor I have symptoms of lower respiratory tract of shortness of breath, difficulty breathing or headache, joint pain, fever (more symptoms related to COVID-19 disease.		It is It is not correct
Neither my companions nor I have had a confirmed positive laboratory diagn days.	osis of COVID-19 disease in the last 30	It is It is not correct
Neither my companions nor I have been in immediate vicinity (less than 1 me be carrying the COVID-19 disease in the last 30 days.	eter/ 6 feet) of any person I know to	It is It is not correct
If you or any of your companions have been outside of the country of residence	in the last 30 days, please specify here:	
If you or any of your companions are 60 years old or older and/or have a pressure, diabetes, heart or lung disease, acquired or caused immunosup diabetes, hypertension and/or chronic obstructive pulmonary disease, please	pression, kidney or liver failure have	
Please, in case you or any of your companions present any of the sympton in the first point, indicate them below:	ns related to Covid-19 disease, listed	
in the first point, indicate them below.		
"In the event that my companions or I present any of the symptoms related to hotel] facilities, we must immediately notify the Concierge department".	o COVID-19 disease, mentioned in the fir	rst point, during our stay at [nombre de
"In the event that my companions or I present any of the symptoms related to	COVID-19 disease, mentioned in the fir	rst point, during our stay at [nombre de
"In the event that my companions or I present any of the symptoms related to hotel] facilities, we must immediately notify the Concierge department".		

Name and signature