

Pre-boarding health declaration questionnaire

(The questionnaire is to be completed by all adults before embarkation)

Name of Vessel: Shipping Company: Date and time of itinerary: Port of disembarkation:

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|--|--|--|--|

Contact telephone number for the next 14 days after disembarkation:

| First Name & Surname as shown in the identification Card/ Passport: | Father's name: | Seat: | | Number of Aircraft Type Seat/ Cabin: |
|---|----------------|---|--|--------------------------------------|
| | | A) ECONOMY <input type="checkbox"/> B) AIRCRAFT TYPE <input type="checkbox"/> C) BUSINESS <input type="checkbox"/> D) CABIN <input type="checkbox"/> | | |

| First Name & Surname of all children travelling with you who are under 18 years old: | Father's name: | Seat: | | Number of Aircraft Type Seat/ Cabin: |
|--|----------------|---|--|--------------------------------------|
| | | A) ECONOMY <input type="checkbox"/> B) AIRCRAFT TYPE <input type="checkbox"/> C) BUSINESS <input type="checkbox"/> D) CABIN <input type="checkbox"/> | | |

| Within the past 14 days have you or has any person listed above: | YES | NO |
|---|--------------------------|--------------------------|
| • Presented sudden onset of symptoms of fever or cough or difficulty in breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had close contact with anyone diagnosed as having coronavirus COVID-19..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Visited or stayed in close proximity to anyone with COVID-19?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Worked in close proximity to or shared the same classroom environment with someone with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Travelled with a patient with COVID-19 in any kind of conveyance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lived in the same household as a patient with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you been tested within the past 14 days for COVID-19? <input type="checkbox"/> NO <input type="checkbox"/> PENDING RESULTS <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | | |

Very important!

The use of a surgical or tissue mask during boarding/disembarking and during the trip is mandatory.



Signature

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