

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:

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First Name & Surname as shown in the identification Card/ Passport:	Father's name:	Seat:		Number of Aircraft Type Seat/ Cabin:
		A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 B) AIRCRAFT TYPE C) BUSINESS D) CABIN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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? YES NO
- Had close contact with anyone diagnosed as having coronavirus COVID-19..... YES NO
- Provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?..... YES NO
- Visited or stayed in close proximity to anyone with COVID-19?..... YES NO
- Worked in close proximity to or shared the same classroom environment with someone with COVID-19? YES NO
- Travelled with a patient with COVID-19 in any kind of conveyance?..... YES NO
- Lived in the same household as a patient with COVID-19? YES NO

Very important!

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

Signature

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