



**Pre-boarding health declaration questionnaire**

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

Ship Name	Route From - To	Date	Time

Name	Surname	Father's Name

Underage Children

**Very Important**

The use of a face mask during embarkation/disembarkation and during the voyage is mandatory

**Contact telephone number for the next 14 days**

Seat	ECONOMY <input type="checkbox"/>	AIRCRAFT TYPE <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	CABIN <input type="checkbox"/>
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**DECLARE TO US IF WITHIN THE PAST 14 DAYS :**

	YES	NO
Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or has any person listed above, lived in the same household as a patient with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

Number of seat / cabin (filled in the ship)	
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**Signature**