## Pre-boarding health declaration questionnaire

(completed by all adults before embarkation)

	(completed by all add	no pororo ombarna	,		
NAME OF VESSEL	SHIPPING COMPANY	DATE AND TIME OFITINERARY		PORT	
Contact telephone number for the next14 days after disembarkation:					
			Fath and a		
First Name and Surname as shown in the Identification Card/Passport:			Father's	name:	
First Name and Surname of all children travelling with you who are under Father's			name:		
18 yearsold:					
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Within the past 14 days				YES	NO
1. Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing or sudden onset of anosmia, ageusia or dysgeusia?					
2. Have you, or has any person listed above, had close contact with any one diagnosed as having coronavirus COVID-19?					
3. 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?					
4. Have you, or has any person listed above, visited or stayed in closeproximity to anyone with COVID-19?					
5. Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?					
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?					
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?					
8. Have you been tested for COVID-19 with a molecular method (PCR)within the past 72 hours? □No □ Pending results □ Positive □ Negative					
9. Have you performed, this day or the day before, a rapid test for COVID-19?  □No □ Positive □ Negative					

The above personal data and sensitive data are collected and processed solely for the purposes of compliance with applicable law, the execution of the contract of carriage and the protection of individual and public health. They will be maintained for a period of 30 days unless requested by the Competent Authorities to be maintained for a longer period. The above data will not be disclosed to third parties, only following a relevant order from the Competent Authorities.

10. Have you been vaccinated with all the necessary doses for COVID-19?

□No

□Yes