

**PUBLIC HEALTH QUESTIONNAIRE
TO BE COMPLETED BY ALL PASSENGERS**

(ONE FORM PER PERSON)

(Rev.9, 016.03.22)

Note: Form to be completed one day before your cruise due to continuous changes in the EU protocols and regulations.



Date: _____

Vessel: _____ Cabin No: _____

Name and Surname: _____

Children under 18 covered by this questionnaire:

1. _____
2. _____
3. _____
4. _____

To assist us in protecting the health and safety of the guests and crew on this cruise, we require you to answer the following questions:

1. Have you or any person listed above had a positive COVID-19 test result within the last 14 days?

Y	N
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2. Have you or any person listed above had close contact with, or helped care for anyone suspected or diagnosed as having COVID-19 during the last 14 days?

Y	N
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3. Are you or any person listed above currently subject to health monitoring for possible exposure to COVID-19?

Y	N
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4. Do you or any person listed above have any of the following symptoms: Fever (38C/100,4F or higher), feel feverish or have chills, shortness of breath or difficulty in breathing, fatigue, muscle or body aches, headache, new loss of smell or taste, sore throat, congestion or runny nose, nausea or vomiting or diarrhoea?

Y	N
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For the unlikely event that you are personally involved in a health or safety emergency, we require you to provide your **emergency contact information**. All information contained in this document will be used only for the reasons described above and will be erased at the end of the cruise. You may list a parent, family member, spouse, or other trusted individual as your emergency contact.

Contact name: _____ Contact number: _____

Contact name: _____ Contact number: _____

By signing below, I attest to my/our willingness to abide by all prescribed health protocols onboard and ashore, throughout the cruise itinerary. I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications and that penalties may apply.

Signature: _____