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** |
|  |  |  |  |
| **Contact telephone number for the next 14 days after disembarkation:** | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **First Name**  **as shown in the Identification Card/Passport:** | **Surname as shown in the Identification Card/Passport:** | **Father’s name:** | **SEAT**  **A.ECONOMY**  **B.AIRCRAFT TYPE**  **C.BUSINESS**  **D.CABIN** | **ΝUMBER OF AIRCRAFT TYPE SEAT/ CABIN:** |
|  |  |  |  |  |
| **First Name of all children travelling with you who are under 18 years old:** | **Surname of all children travelling with you who are under 18 years old:** | **Father’s name:** | **SEAT**  **A. ECONOMY**  **B.AIRCRAFT TYPE**  **C. BUSINESS**  **D.CABIN** | **ΝUMBER OF AIRCRAFT TYPE SEAT/ CABIN:** |
|  |  |  |  |  |
|  |  |  |  |  |

**Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? | |  |  |
| 1. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19? | |  |  |
| 1. 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? | |  |  |
| 1. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19? | |  |  |
| 1. Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19? | |  |  |
| 1. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance? | |  |  |
| 1. Have you, or has any person listed above, lived in the same household as a patient with COVID-19? | |  |  |
| **Test results and vaccination** | | | |
| 1. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours? | □ No  □ Pending results  □ Positive[[1]](#footnote-1)  □ Negative | | |
| 1. Have you conducted, this day or the day before, a rapid test or self - test for COVID-19? | □ No  □ Positive[[2]](#footnote-2)  □ Negative | | |
| 1. Have you been vaccinated with all the necessary doses for COVID-19? | □ No  □ Yes | | |

1. **Embarkation onboard the vessel is prohibited only if there is an affirmative answer** [↑](#footnote-ref-1)
2. **Embarkation onboard the vessel is prohibited only if there is an affirmative answer** [↑](#footnote-ref-2)