



## 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:

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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 Seat

		ECONOMY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
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First Name & Surname of all children  
travelling with you who are  
under 18 years old:

Father's name:

Seat:

Number of Seat

		ECONOMY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
		ECONOMY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
		ECONOMY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
		ECONOMY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	

### Within the past 14 days

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? .....

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2. 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"/>
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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?.....

<input type="checkbox"/>	<input type="checkbox"/>
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4. 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"/>
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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?.....

<input type="checkbox"/>	<input type="checkbox"/>
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6. 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"/>
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7. 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"/>
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8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?

☐ NO

☐ PENDING RESULTS

☐ POSITIVE<sup>1</sup>

☐ NEGATIVE

9. Have you conducted, this day or the day before, a rapid test or self - test for COVID-19?

☐ NO

☐ POSITIVE<sup>2</sup>

☐ NEGATIVE

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

☐ NO

☐ YES

**Signature**

1 Embarkation onboard the vessel is prohibited only if there is an affirmative answer

2 Embarkation onboard the vessel is prohibited only if there is an affirmative answer