

## Pre-boarding health declaration questionnaire

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

Name of vessel:	Shipping Company:	Date & time of itinerary:	Port of disembarkation:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact telephone number for the next 14 days after disembarkation:

Full name as shown in the Identification Card/Passport:	Father's Name:	Seat:	Number:
<input type="text"/>	<input type="text"/>	<input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/> D	<input type="text"/>
Full name of all children travelling with you who are under 18 years old:		<i>A) Economy B) Aircraft type C) Business, D) Cabin</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/> D	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/> D	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/> D	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> A <input type="text"/> B <input type="text"/> C <input type="text"/> D	<input type="text"/>

### 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"/>		
Have you been tested within the past 14 days for COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Pending results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

**Update on Personal Data:** The processing of personal data is carried out for reasons of public interest for the protection of public health and the treatment of the consequences of coronavirus COVID-19 and is governed by the provisions of the General Regulation for Data Protection and Law 4624/2019 (Government Gazette 137 / A' / 2019). Joint Editors are: (a) the Ministry of Shipping and Island Policy; and (b) "Anonimi Naftiliaki Etairia Kritis SA", address : 148, K.Karamanlis Ave., P.C. 731 34 Chania, Crete, email: customerservice@anek.gr, Data Protection Officer of the company : 148, K.Karamanlis Ave., P.C. 731 34 Chania, Crete, email privacyteam@anek.gr, where you can apply for the exercise of your rights (right to information, access, correction, deletion (after two months), restriction of processing). Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> in the section: Instructions and Passenger Questionnaires.

Signature .....