

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full name of all children travelling with you
who are under 18 years old:

A) Economy
B) Aircraft type
C) Business, D) Cabin

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Within the past 14 days

Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?

YES

NO

Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?

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?

Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?

Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?

Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?

Have you, or has any person listed above, lived in the same household as a patient with COVID-19?

Have you been tested within the past 14 days for COVID-19?

 No

 Pending results

 Positive

 Negative

Signature

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