PUBLIC HEALTH QUESTIONNAIRE TO BE COMPLETED BY ALL PASSENGERS

(ONE FORM PER PERSON) (Rev. 6, 21.05.21)



te:					
ssel:		Cabin No:			
me a	nd Surname:				
	n under 18 covered by t	· · · · · ·			
1. 2.					
3.					
4.					
	assist us in protecting t	the health and safety of the gu	uests and crew on this cruise, we req	uire you to answer the	
1.		accinated with all the necessar	y doses for COVID-19 14days prior to	your	
	embarkation day?			Y	
2.	Have you or any perso	on listed above had a positive C	COVID-19 test result within the last 14	days?	
2	Have you as any mass.	un liste de la constante de la	at with an halmad area for any and	Y	
3.		ed as having COVID-19 during t	ct with, or helped care for anyone he last 14 days?		
				Y N	
4.	Are you or any person	listed above currently subject	to health monitoring for possible exp	oosure to COVID-19?	
				Y	
5.	have chills, shortness	•	ollowing symptoms: Fever (38C/100,4 ning, fatigue, muscle or body aches, h		
	or taste, sore amous, c	ongestion of runny nose, nade	ca at remaining or dial model.	Y	
em abo	ergency contact inform	nation. All information contain the end of the cruise. You ma	a health or safety emergency, we red ned in this document will be used only ay list a parent, family member, spous	for the reasons described	
Со	Contact name:		Contact number:		
	Contact name:				
-		_	by all prescribed health protocols onk eclaration is true and correct and unc		