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PUBLIC HEALTH QUESTIONNAIRE TO BE COMPLETED BY ALL PASSENGERS

Signature:



(ONE FORM PER PERSON)

(Rev.8, 08.12.21)

Note: Form to be completed one day before your cruise due to continuous changes in the EU protocols and regulations.

Date: _			
Vessel:	Cabin No:	-	
Name a	nd Surname:	_	
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	assist us in protecting the health and safety of the guests owing questions:	and crew on this cruise, we requ	ire you to answer the
1.	Have you or any person listed above had a positive COVII	D-19 test result within the last 14 o	days?
2.	Have you or any person listed above had close contact w	•	YN
	suspected or diagnosed as having COVID-19 during the la	ist 14 days?	Y
3.	Are you or any person listed above currently subject to h	ealth monitoring for possible expo	osure to COVID-19?
			Y
4.	Do you or any person listed above have any of the follow have chills, shortness of breath or difficulty in breathing, or taste, sore throat, congestion or runny nose, nausea o	fatigue, muscle or body aches, hea	
			Y
5.	Have you visited over the last 14 days, one of the countri COVID-19 red list?	ies currently mentioned on the	
	COVID-13 red list :		YN
em abo	the unlikely event that you are personally involved in a he ergency contact information. All information contained in over and will be erased at the end of the cruise. You may listicularly is your emergency contact.	n this document will be used only	for the reasons described
Coi	ntact name:	Contact number:	
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By s	signing below, I attest to my/our willingness to abide by all bughout the cruise itinerary. I certify that the above declar wers may have serious public health implications and that	Il prescribed health protocols onbo	pard and ashore,