# Pre-boarding health declaration questionnaire
(The questionnaire is to be completed by all adults before embarkation)

<table>
<thead>
<tr>
<th>Name of vessel:</th>
<th>Shipping Company:</th>
<th>Date &amp; time of itinerary:</th>
<th>Port of disembarkation:</th>
</tr>
</thead>
</table>

**Contact telephone** number for the next 14 days after disembarkation: [ ]

**Full name as shown in the Identification Card/Passport:**

<table>
<thead>
<tr>
<th>Father’s Name:</th>
<th>Seat:</th>
<th>Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

**Full name of all children travelling with you who are under 18 years old:**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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</tbody>
</table>

**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?  
- [ ] YES  
- [ ] NO

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?  
- [ ] YES  
- [ ] NO

Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?  
- [ ] YES  
- [ ] NO

Have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19?  
- [ ] YES  
- [ ] NO

Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?  
- [ ] YES  
- [ ] NO

Have you, or has any person listed above, lived in the same household as a patient with COVID-19?  
- [ ] YES  
- [ ] NO

**Signature**

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*Pelagos Thalassides*