



PRE-BOARDING :

HEALTH DECLARATION & PASSENGER LOCATOR FORM

To protect your health and support potential contact tracing, please fill out the information in this form and bring it with you to embarkation and check-in.

Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. Each adult member of a family should complete their own form.

Fill with **UPPERCASE** letters.

1. VOYAGE INFORMATION

Cabin number: Embarkation date: Ship name:

2. PERSONAL INFORMATION

Last (family) name:

Middle initial/Middle name:

First (given) name:

Date of birth (DD/MM/YYYY):

3. Have you had any of the following signs or symptoms in the last 10 days?

Yes	No	Cough	Yes	No	Headache
Yes	No	Shortness of breath	Yes	No	Sore throat
Yes	No	Difficulty breathing	Yes	No	Congestion or runny nose
Yes	No	Fever or chills	Yes	No	New loss of taste or smell
Yes	No	Fatigue	Yes	No	Nausea
Yes	No	Muscle or body aches	Yes	No	Vomiting or diarrhoea

4. Have you tested Positive for Covid 19 in the last 10 days? **YES** **NO**

5. Are you fully vaccinated? **YES** **NO**

You will need to show proof during embarkation

Signature

Date:

ADMIN

Comments: