



PRE-BOARDING : HEALTH DECLARATION FORM

To protect your health and that of your fellow passengers, please fill out the information in this form and bring it with you to embarkation check-in.

It is important to fill out this form completely and accurately. Your information is intended to be used for public health purposes only. 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. Are you fully vaccinated against covid? YES NO N/A

You will need to show proof during embarkation

(Only required for Antarctica, Northwest Passage & West African voyages. For all other regions tick N/A)

Signature

Date:

ADMIN

Comments: