

# Pre-Boarding Questionnaire

Until the termination of the COVID-19 outbreak, we are advised by the World Health Organization (WHO) to collect general information regarding the COVID-19 disease and relevant preventative measures. The sole purpose is the possible deferment or rescheduling of the boarding of any traveler identified through a questionnaire as being a potential risk to the health and safety of the vessel. The questionnaire is to be completed and sent to the Captain prior to boarding.

Name as Shown on Passport:

Date:

Countries Visited in the Last 21 Days			
Country	Cities	Date Arrived	Date Departed

Please Answer the Following	
<p>Within the last month, have you been admitted or visited a hospital?</p> <p>If yes, specify the reason for the visit:</p>	
<p>Within the last 14 days, have you had close contact with anyone diagnosed with COVID-19, for example have you:</p> <ul style="list-style-type: none"> <li>• Provided care to some with COVID-19 or worked with a healthcare worker infected with COVID-19?</li> <li>• Visited or stayed in close proximity to anyone with COVID-19?</li> <li>• Travelled with a patient with COVID-19 in any kind of conveyance?</li> <li>• Lived in the same household as a patient with COVID-19?</li> </ul>	



Within the past 7 days, have you experienced any of the following flu like symptoms such as a fever, difficulty breathing or a cough?	
Additional Comments:	

I hereby declare that to the best of my knowledge, the information provided is correct and true.

Signature:

Date:

The personal data contained on this form will be used solely for the purpose of compliance with legal and statutory requirements of flag states and local jurisdictions. The personal data will be stored and processed by the vessel in accordance with any and all appliance data privacy laws.

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ONBOARD USE ONLY

Temperature at time of boarding:

Signature of Medical Person in Charge:

