



## Pre-boarding health declaration questionnaire

(completed by all adults before embarkation)

Code	Date and Time of initial embarkation	Port of initial embarkation
Contact telephone number for the next 14 days after disembarkation		
Surname as shown in the Identification Card/Passport	First Name as shown in the Identification Card/Passport	Father's Name
Surname of all children travelling with you who are under 18 years old	Name of all children travelling with you who are under 18 years old	Father's Name

### Questions:

Within the last 14 days	YES	NO
• Have you, or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?		
• Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
• 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?		
• Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
• Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?		
• Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?		
• Have you, or has any person listed above, lived in the same household as a patient with COVID-19?		