

Pre-boarding health declaration questionnaire

(The questionnaire is to be completed by all adults before embarkation)

Vessel Name	Company	Departure Date & Time	Disembarkation Port	Contact Tel No

	Name	Surname	Father's Name	Accommodation Type
1				
2				
3				
4				
5				

Questions

Within the past 14 days	Yes	No
1. Have you or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing or sudden onset of anosmia, ageusia or dysgeusia?		
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
3. 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?		
4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
classroom environment with someone with COVID-19? (COVID-19);		
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?		
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?		
Test results and Vaccination		
8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?	<input type="checkbox"/> No <input type="checkbox"/> Pending results <input type="checkbox"/> Positive (1) <input type="checkbox"/> Negative	
9. Have you conducted, this day or the day before, a rapid test ?	<input type="checkbox"/> No <input type="checkbox"/> Positive (2) <input type="checkbox"/> Negative	
10. Have you been vaccinated with all the necessary doses for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

1 Embarkation onboard the vessel is prohibited only if there is an affirmative answer

2 Embarkation onboard the vessel is prohibited only if there is an affirmative answer