

## Pre-boarding health declaration questionnaire

(completed by all adults before embarkation)

VESSEL'S NAME	VESSEL'S PORT OF REGISTRY/NO OF REGISTRY	PORT OF INITIAL EMBARKATION	DATE AND TIME OF INITIAL EMBARKATION
CLEIO	KOS 71	KOS	

First Name (as shown in the Identification Card/Passport)	Surname (as shown in the Identification Card/Passport)	Father's first Name (according Greek government's regulations)	Contact <b>telephone</b> number for the next 14 days after disembarkation:	HOTEL/Room number	Nationality	Date of birth
First Name of all children travelling with you who are under 18 years old:	Surname of all children travelling with you who are under 18 years old:	Father's first Name (according Greek government's regulations)	Contact <b>telephone</b> number for the next 14 days after disembarkation:	HOTEL/Room number	Nationality	Date of birth

### Questions:

Within the last 14 days	YES	NO	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, worked in close proximity to or shared the same room/environment with someone with COVID-19?		
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, travelled with a patient with COVID-19 in any kind of conveyance?		
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, lived in the same household as a patient with COVID-19?		
Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?					