

PRE-BOARDING HEALTH DECLARATION QUESTIONNAIRE

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

NAME OF VESSEL	SHIPPING COMPANY	DATE AND TIME OF ITINERARY	PORT OF DISEMBARKATION
Contact telephone number for the next 14 days after disembarkation:			

First Name as shown in the Identification Card/Passport:	Surname as shown in the Identification Card/Passport:	Father's name:	SEAT: A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN	NUMBER OF AIRCRAFT TYPE SEAT/ CABIN
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 name:	SEAT: A) ECONOMY B) AIRCRAFT TYPE C) BUSINESS D) CABIN	NUMBER OF AIRCRAFT TYPE SEAT/ CABIN

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?		
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. Είχατε εσείς ή οποιοδήποτε προαναφερόμενο άτομο, επισκεφτεί ή βρεθήκατε σε κοντινή απόσταση με κάποιον ο οποίος είχε διαγνωστεί με λοίμωξη από τον νέο κορωνοϊό (COVID-19);		
5. Have you, or has any person listed above, visited or stayed in close proximity to anyone with 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?		
8. Have you been tested within the past 14 days for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Pending Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative	

Signature