

## 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
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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:
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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:
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### QUESTIONS: Within the past 14 days,

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

No  Pending results  Positive  Negative

The above personal data and sensitive data are collected and processed solely for the purposes of compliance with applicable law, the execution of the contract of carriage and the protection of individual and public health. They will be maintained for a period of 2 months unless requested by the Competent Authorities to be maintained for a longer period. The above data will not be disclosed to third parties, only following a relevant order from the Competent Authorities.

In case you wish to be informed of the data we hold about you, to correct it, to update it or to delete it, if it is no longer necessary to maintain them, you may contact the Customer Service Department of our Company at the following contact email: [customer@minoan.gr](mailto:customer@minoan.gr)

I declare responsibly that the above information is true. I agree and accept the need to process personal data and sensitive personal data for the aforementioned purposes.

The Declarant