

PRE - BOARDING HEALTH DECLARATION QUESTIONNAIRE

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,

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? YES NO
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19? YES NO
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? YES NO
4. Have you, or has any person listed above, visited or stayed close to anyone with COVID-19? YES NO
5. 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
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance? YES NO
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19? YES NO

Test results and vaccination

8. Have you been tested for COVID-19 with a molecular method (PCR) within the past 72 hours?

No Pending results Positive Negative

9. Have you performed, this day or the day before, a rapid or self - test for COVID-19?

No Positive Negative

10. Have you been vaccinated with all the necessary doses for COVID-19?

No Yes

Information regarding Personal Data: The processing of personal data is carried out for reasons of public interest, for the protection of public health and for handling the consequences of coronavirus COVID-19 and is governed by the provisions of the General Regulation for Data Protection and Law 4624/2019 (Government Gazette 137/A/2019). Joint Controllers are: (a) the Ministry of Shipping and Island Policy; and (b) the company ZANTEFERRIES – ANMEZ SA, address 72, K. Lomvardou str., 291 00 Zakynthos, email: zakynthos@zanteferries.gr, Data Protection Officer of the company: address 4-6, Filellinon str., 185 36 Piraeus, email: dpo@anmez.gr, where you can send your requests for the exercise of your rights [right to information, access, correction, deletion (after two months), restriction of processing]. Detailed information has been posted on the website of the Ministry of Shipping and Island Policy, at <https://www.ynanp.gr/el/> in the section: Instructions and Passenger Questionnaires.

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 (SIGNATURE)